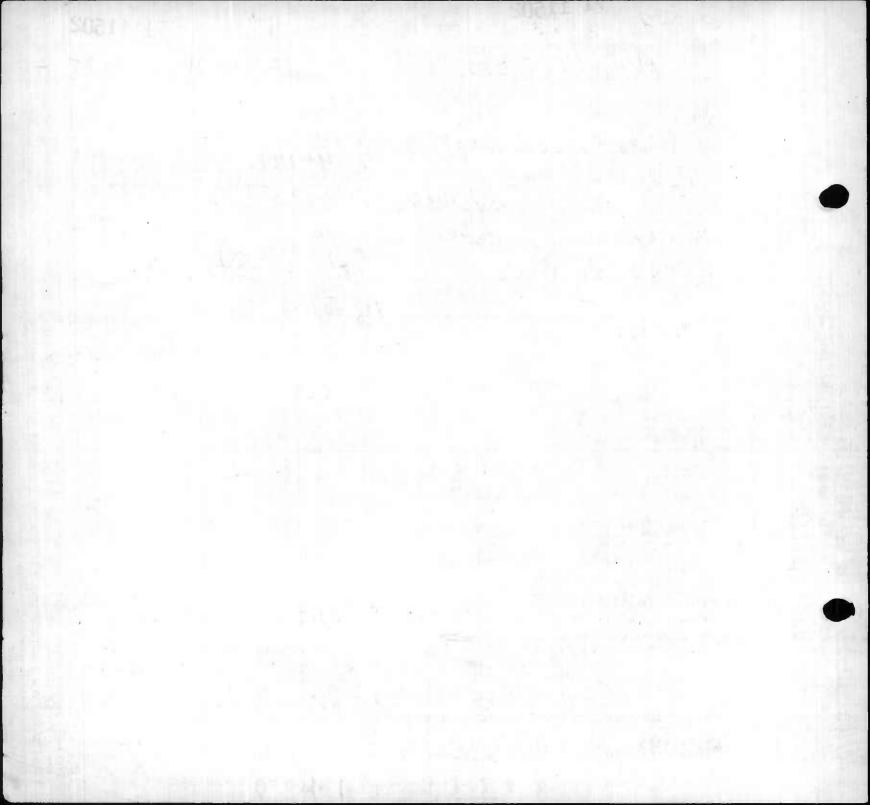
71 11501

BALTIMORE CITY HEALTH DEPARTMENT

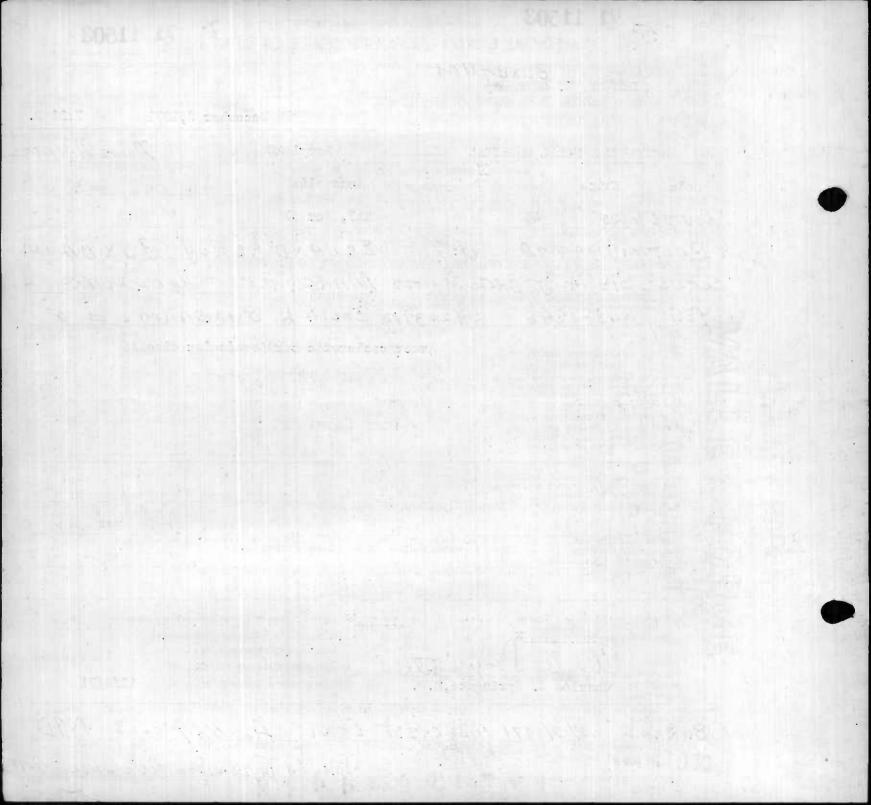
6-345 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 11501				
1. NAME OF DECEASED CORONA (Type or Print) MARTHA EDELEN	2. DATE Known Manth Day Year Hour OF DEATH Estimoted Manth M				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD December 8, 1971 12:32 P.M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
3 UNIVERSITY HOSPITAL	A. STATE Maryland B.COUNTY Charles				
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
Female Negro WIDOWED DIVORCED	/LaP/Lata Issue YES NOT				
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. 150ct1938 Institute of 150c	Unk.				
11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF	13. FATHER'S NAME				
Maryland WHA COUNTRY?	John F. Edelen				
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRI dane during most of working life, even if retired)					
Domestic Housework	Martha Ellen Hill				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) (If yes, give war or dates of service) 215-30-30	8 John F. Edelen, Issue, Maryland				
19. r. 8 9 7 X. CAUSE OF DEA	TH APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Massive	pulmonary thromboembolism				
(This does not mean the mode of dying, e.g., (A) IMMEDIATE (DUE TO OR	CAUSE AS A CONSEQUENCE OF:				
heort failure, asthenia, etc. It meons the disease, injury ar camplication which caused death.)	A CONSEQUENCE ON				
Fract	ure or sprain of left knee				
AITIECEDEITI CAOSES	AS A CONSEQUENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE	A CONTROL OF				
UNDERLYING CONDITION LAST. (C)	**************************************				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes ar Na)				
O					
	yes				
	in or obout 22C. WHERE DID (If in Baltimare City, give exact location) te bldg., etc.) INJURY OCCUR?				
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. CAUSE OF DEATH. Company	Unk.				
OF INJURY	TARINE				
(APPROX.) m. WORK AT V	WORK Fell and injured leg				
23. I certify that I held on Inquiry Inspection Au	ond that on this basis, death in my opinion				
resulted from: Natural causes Accident X Suicid	de Homicide Undetermined manner				
ACTUAL CL. S. S.	CHIEF MEDICAL EXAMINER DATE SIGNED				
SIGNATURE ME ME	ASSISTANT MEDICAL EXAMINER X				
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER 12/9/71				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or county) (State)				
Burial 11Dec1971 Holy Ghost (Cemetery Issue, Charles Co., Md.				
25A. DATE REC'D BY HEALTH DEPT. 25B. NA WE OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
DEC 13 1971 Pole & F. Falley, M.D.	Arehart Funeral Home Inc, La Plata, M				
VS 151-REV. 1/1/68	A 4 9 7				

11500177 duly Grost James or Tesan, marks Tu., In.

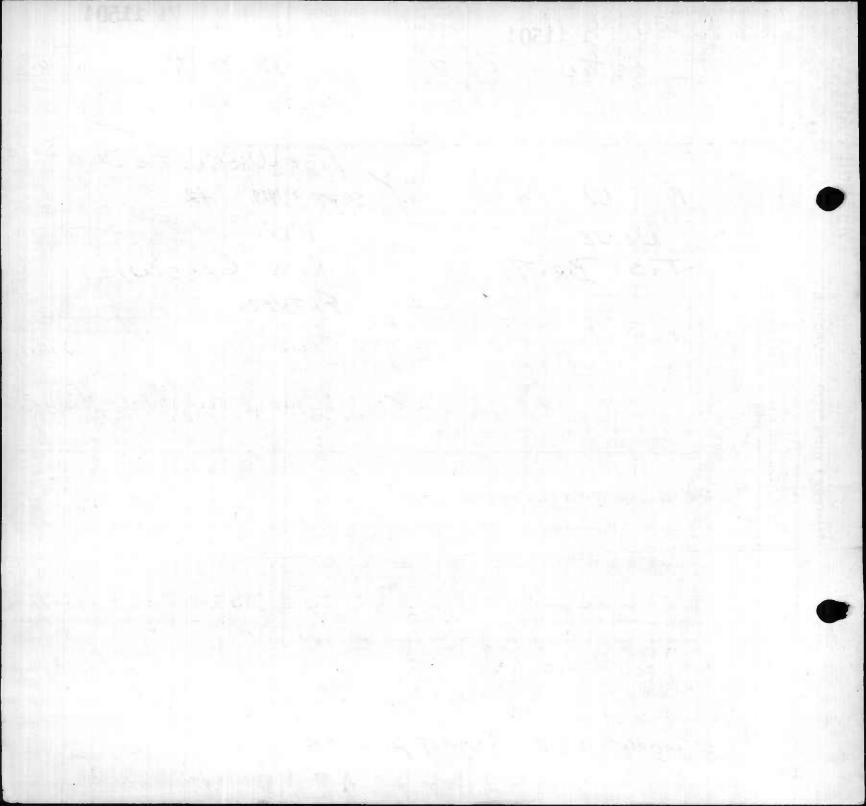
BIRTH NO. CERTIFICATE	ALTH DEPARTMENT	
CLKIIICAIL	OF DEATH Registered No. 1	71 11502
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) M. C. L.	2. DATE AND HOUR OF DEATH	
MIMA M. PIACKS	USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
A.	STATE B. COUNTY	5 7 22
FULL NAME OF (If not in hospital or institution, give street oddress or location) C. C.	CITY OR TOWN (If outside city limits, write R	URAL ond give township)
. 1	BROOKLYN PARK	
S. BALTO. GENERAL HOSPT.	STREET ADDRESS (If rurol, give location)	
5. SEX 6. RACE TO MARRIED, NEVER MARRIED B. D	DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F WIDOWED, DIVORCED (specify)	7-19-1915 ost birthday	Month's Doys Hours With,
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. done duying most of working lite, eyen if retired)	BIRTHPLACE (Stote ar foreign country)	12. CITIZEN OF WHAT COUNTED
HOUSEWIFE HOME	19D.	11. J. H
11. 0 0 11	MOTHER'S MAIDEN NAME	
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17.	EDITH STEVE	ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	W. JOHN E. STACKS	
18. 4/10 CAUSE OF DI		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	- 1. O. T. I. L	ONSET AND DEATH
LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO	a misocardial infarely	on low
heart failure, asthenia, etc. It means the disease,	6110	
ANTECEDENT CAUSES (B) DUE TO	SCVO	
DISEASES OR CONDITIONS, if ony, giving		
I luce to the chave couse (A) stating the (C)		
rise la lhe abave couse (A) slaling lhe (C) UNDERLYING CONDITION lost.	i	
UNDERLYING CONDITION IOSI.	l Ostlina	
UNDERLYING CONDITION IOSI.	Q Stlura 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	INDINGS CONSIDERED
UNDERLYING CONDITION IOSI. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAL	ISES OF DEATH?
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UNDERLYING CONDITION Iosi, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF home, form, factory, street, office etc.) 21A. ACCIDENT WAS UNDERLYING home, form, factory, street, office etc.) OR CONTRIBUTING CAUSE OF home, form, factory, street, office etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work 22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) lost saw the deceased olive on	obout 21C. WHERE DID bidg. (If in Baltimore bidg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 7 ond that in(my) (our) apin the body ofter death.	City, give exact location)
UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH SUPPLY CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or home, form, factory, street, office etc.) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or home, form, factory, street, office etc.) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or home, form, factory, street, office etc.) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or home, form, factory, street, office etc.) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or home, form, factory, street, office etc.) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or home, form, factory, street, office etc.) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION FOR WHICH OPER	obout 21C. WHERE DID bidg. (If in Baltimore bidg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 7 to	City, give exact location) City, give exact location)
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UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19	obout 21C. WHERE DID (If in Baltimore bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 28 to	City, give exact location) City, give exact location give exa
UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION FOR WHICH	obout 21C. WHERE DID (If in Baltimore bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 8 to	City, give exact location) City, give exact location) Closewher 19 71. ion death occurred on the date 23B. DATE SIGNED 12-11-71 Balto-Mar-2122



VS 151-REV. 1/1/68



1	BALTIMORE CITY HEALTH DEPARTMENT 71 11504
p + p e +	BIRTH NO. 71 11504 CERTIFICATE OF DEATH
of deatl of deatl Decease e on th	(Type or Print) AN TOLIO BRITI 2. DATE AND HOUR OF DEATH 10 130 Pm.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
a host ause e; (5) ndanc o dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
caus caus offer	1303 Washington Blvd E. STREET AND NUMBER VES NO 21230
9 2 9 9 9	S. SEX 4 6. RACE 7. MADDIED NEVED MADDIED 10 B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
occur ontrib ermin regul	MIDOWED DIVORCED SEPT. 9 1929 last birthdown Months Doys Hours Min. WIDOWED DIVORCED SEPT. 9 1929 last birthdown Months Doys Hours Min. 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
or condet	done during most of working life, even if retired) A) b D F.
disposition if deoth disposition if deoth disposition	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROSA CASSINISI
0 0 0 0	15. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL 17. INFORMANT ADDRESS
if the ony kin ed dec donce or fino	CAUSE OF DEATH APPROXIMATE INTERVAL
lso, of of unc	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Thrombosis 10 day
er or ture rono or at balm	(This daes not mean the made al dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplicolian which coused death.)
fraction by golf	ANTECEDENT CAUSES (B) Cerebral Daniege Congenial Yzyan
exo exo (3) A n w in r	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stoting the UNDERLYING CONDITION last. (C)
medica nedicol burns; hysicia n wos remoin	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
a m Sody he p	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tol by e; (2) B here t No phy before	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?
otur otur pt w (6) I	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work
the the an	22. I certify that (I) (this hospital) attended the deceased from 2 - 3 19 5-3 ta 12 8 19 7/1.
d to d to of tal th)	that (1) (we) last saw the deceased alive on 19 and that in (my) (ever) opinion death accurred an the date and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death.
dent deat deat must	23A. SPONATURE 23B. DATE SIGNED
3 9	Attending Med. Staff Director Phys. 23C. PHYSICIAN'S NAME (Type)
y wos rely y wos rely 1) An acc).A. ot a b d prior to approval	JOHN P. URLOCK IR MD 1227 Warlingen Bell
sody v vs. (1) D.O.A ased i	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) PROSPECT 4,'LL CEM. Townson
This certithe body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
F = 0 5 0 5	VS 150-REV. 1/1/68



IMPORTANT FUNERAL DIRECTOR:

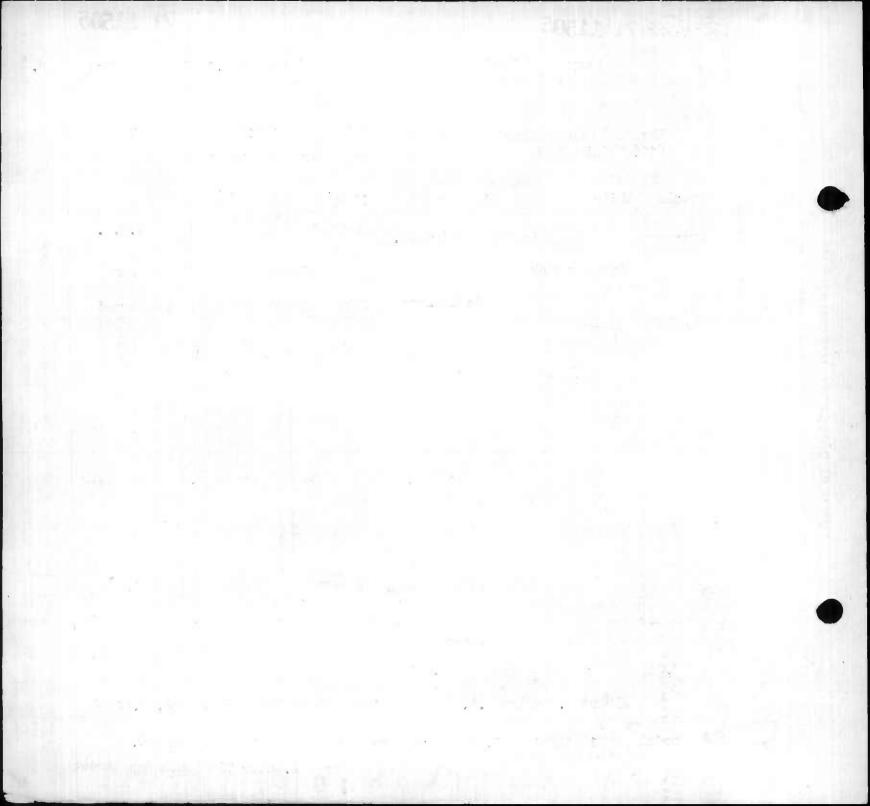
the boay was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT

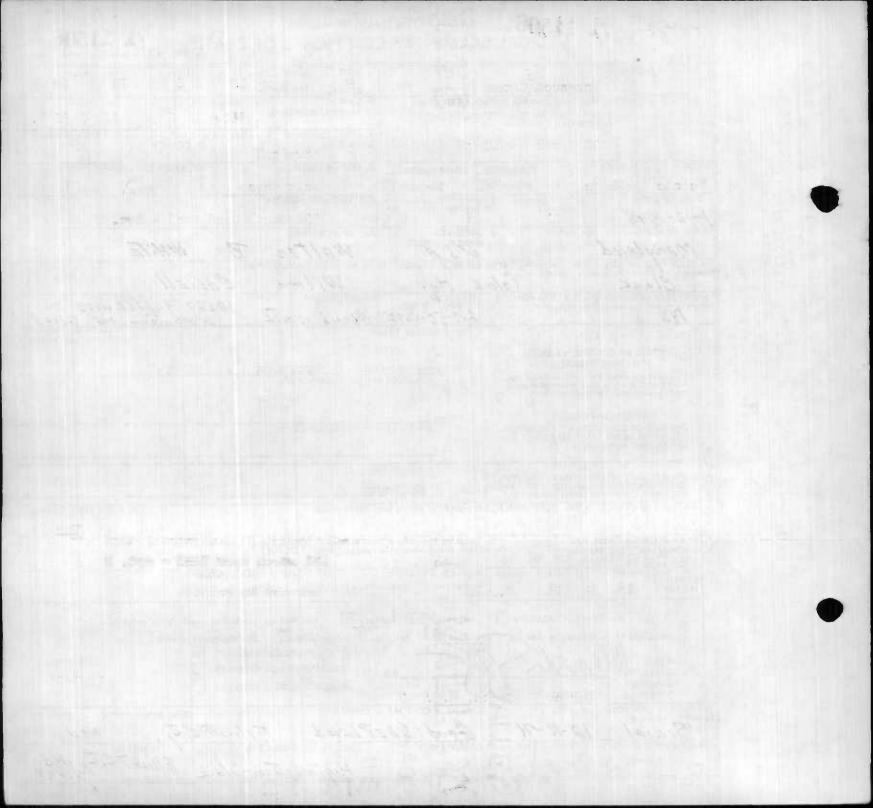
44605

BIRTH NO.	71 11505		CERTIFICA	TE OF	DEATH	REG.	NO.	11000	
1. NAME OF DEC	EASED Mary	Fiksa	k			ber 9,19		10;45	P. M.
FULL NAME OF	TIMORE, MARYLAND, W		UNCED DEAD	4. USUAL A. STATE Maryl	8, COL		ved. If institu	ulion: residence before o	dmission)
HOSPITAL OR				C.CITY OR				CITY LIMITS?	
	e Gould Conva		m Home		more 212	31	YI	S NO	
70 61	16 Belair Roa	d			outh Ann	Street			
S. SEX	6. RACE		NEVER MARRIED	B. DATE OF		9. AGE (In ye lost birthdoy)	ors II	Under 1 Yr. If Under	r 24 Hrs. Min.
Female	White	WIDOWED]	BUSINESS OR INDUSTRY	11/9/	95 A CE (State or fo	76	11	2. CITIZEN OF WHAT O	CHAITEVA
	working life, even if retired)	NIOB. KIND OF	BOSINESS OK INDOSIKI	Pola		reign country)	'	U.S.A.	OUNTRY?
Presser		Marlbo:	ro Shirt Co.					U.D.A.	
3. FATHER'S NA				14. MOTHE	R'S MAIDEN N.	AME			
	John Lewcz	ak			Unknown				
	Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORM	ANT			ADDRESS	
No:	, , , , , , , , , , , , , , , , , , , ,		214-20-7115	John	Fiksak	725 Sou	th Ann	Street	
18.// 🗸	6 X I		CAUSE OF DEAT	Н				APPROXIMATE IN	
DISEA	SE OR CONDITION DI	RECTLY		n		p	4	BETWEEN ONSET A	ND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAL	ISE Recu	ment 1	neumon	Ti	10 dana	
	not mean the mode of asthenia, etc. It means		DUE TO, OR AS	A CONSEQUE	NCE OF:			7	
	nplication which caused								
	ANTECEDENT CAUSES		(p)						
DISEASES C	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQU	JENCE OF:				
	e obave cause (A) G CONDITION last.	slaling lhe							
GIVEELING			(C)					· · · · · · · · · · · · · · · · · · ·	
TO THE DEAT	II FICANT CONDITIONS CO IH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	HE TERMINAL	artimiselante	Henr	- Disw	Common I	unt S	tre you	
	OPERATION 198. CON	IDITION FOR V	WHICH OPERATION	20 A. AU	TOPSY? (Yes or I		WERE FINI	DINGS CONSIDERED S OF DEATH?	
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF	218. hom etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout 21 ffice bldg., IN	C. WHERE DID JURY OCCUR?	(If in	Boltimore C	ity, give exact location)	
21D.TIME	(Month) (Day) (Year)	(Hourl 21E.	INJURY OCCURRED	21	F. HOW DID IN	JURY OCCUR?			
OF INJURY			ile At Not While		,				
	1 (1) (1) 1	Wo			4/12	1.21		12/9/	71
	that (1) (this haspite			0/-	1/1/	19 _//to_		10/1/19	
thot (I) (we)	last sow the decease	ed alive an	12/	7/19/	and	thot in (my) (4	opinio	n deoth occurred on	the date
		ted above. (I) (Wastaid) (did not) v	iew the bo	dy ofter deoth	•			
23A. SIGNATI	IRE b D				/		23	B. DATE SIGNED	
all	us O De	solling,	DEGREE Phy	nding .	Med. Director	Shaff Phys.		12/10/21	
23 C. PHYSICIA NAME (T	unel	1		23D. ADDRES	SS			1.1	
	Albert B.B.	radley M	D. DEGREE	4900 B	elair Ros	ad Balti	imore,	1d.21206	
24A. BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CRI	MATORY	24D.	LOCATION	(City,	town, or county)	(Stote)
Burie	12/13/		Stanislaus Ce		1	ltimore,			
ZSA. DATE REC'D	BY HEALTH DEPT.	2SB. NAME C	OF REGISTRAR	Geo	neral directors	ber 705	South	Ann Street	

DEC 13VS 150-REV. 1/1/6B



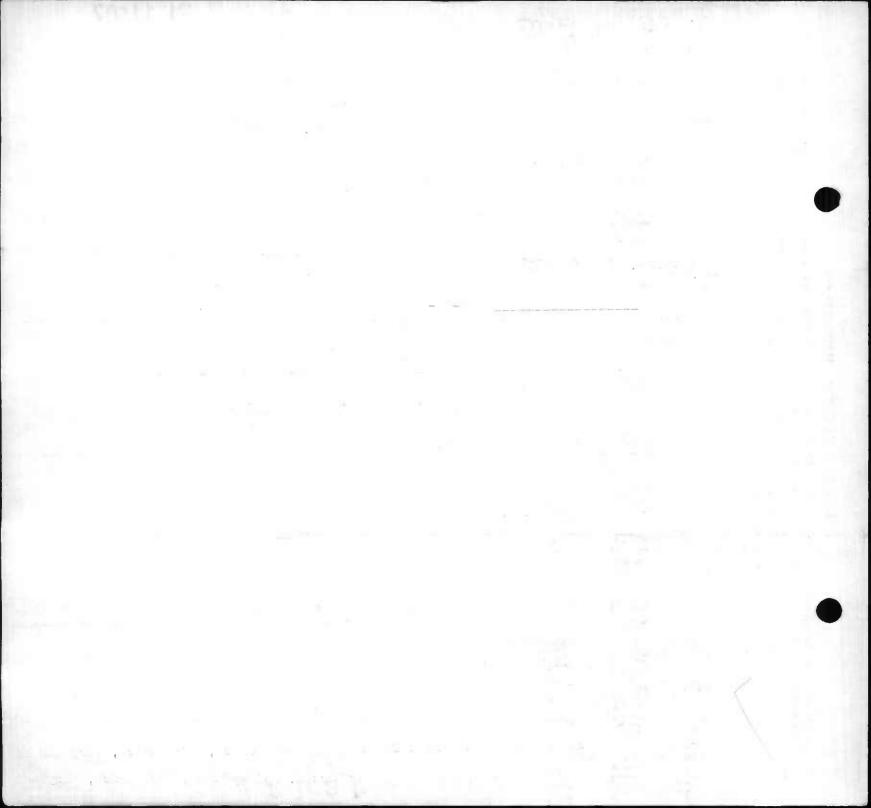
R INSTITUTION	ADD 11200 ON 201					M.
K INSTITUTION	131 Nort	h Bend	Road	S. USUAL RESIDENCE (Where A. STATE Mary land	deceased lived. If Institution; rest B. COUNTY	dence before odmission)
. SEX	7. RACE	8. MARRI	ED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LI	MITS?
Female	White	WIDOW	_	Baltimore		
DATE OF BIRTH				E. STREET AND NUMBER	YES	NOL
1-10-194	S lost birth	doy)	ff Under 1 Yr. If Under 24 Hrs. Months : Days : Hours : Min.		Don't Don't Am	- D
	tate or foreign country		2. CITIZEN OF	13. FATHER'S NAME	Bend Road - Ap	L. D
MANYI	and		WHAT COUNTRY?	WALTER	B. WHITE	
IA.USUAL OCCUI	PATION (Give kind of wo	1 48. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAM	-	
CLER	rk.	1 101	ICE Ha.	Wilma	CASSELL	
es, no or unknown)	ED EVER IN U.S. ARM (If yes, give wor or dote	ED FORCES?	17. SOCIAL SECURITY NO. 217-50-8072	BERALD WHITE	10620 BAZIZ	
19.	1 / 0		CAUSE OF DEAT		Woodstock	APPROXIMATE INTERVAL
E7/	0,71					BETWEEN ONSET AND DEATH
	E OR CONDITION DIF LEADING TO DEATH	RECTLY				
1		dying, e.g.	(A) IMMEDIATE C	AUSE Drowning S A CONSEQUENCE OF:		
heart failure, injury or com	of mean the mode of a costhenia, etc. It means to application which coused a	he disease,	DUE TO, OR A	~ A CONSEQUENCE OF		
	ITECEDENT CAUSES		(B)			
RISE TO THE	OR CONDITIONS, IF ALL ABOVE CAUSE (A) ST	NY, GIVING IATING THE	DUE 10, OR A	AS A CONSEQUENCE OF:		
UNDERLYIN	IG CONDITION LAST		(c)			
	- 11					
OTHER SIGN TO THE DEA DISEASE OR	IFICANT CONDITIONS (ATH BUT NOT RELATED T CONDITION GIVEN IN	CONTRIBUTION THE TERMIN PART 1 (A)-	NG HAL Epiler	osy		
			OR WHICH OPERATION WA	S PERFORMED	21.	AUTOPSY? (Yes or No)
22A. EXTERN	NAL CAUSE WAS	12	2B. PLACE OF INJURY (e.g., I	n or obout 22C WHERE DID (1	In Baltimore City, also exact los	Yes
UNDERLYING	OR CONTRIB-	h		n or obout 22C. WHERE DID (I bidg., etc.) INJURY OCCUR?		
22D. TIME	USE OF DEATH. Month) (Doy) (Ye	ar) (Hour)	Home 22E.INJURY OCCURRED	131 North	Bend Road - Apt	. D
22D. TIME (OF INJURY (APPROX.)				AMILE —		
23.	12 6 71	P _n	WHILE AT NOT Y	ORK X Drowned i	n bathtub	
1	fy that I held on	Inquiry [Inspection Aut	opsy 🗵 and that on th	is basis, death in my opin	ion
result	ed foom: Natural co	uses	Acident Suicide	Homicide U	Indetermined manner	
	11/12	1		eputy CHIEF MEDICAL E		
SIGNATU	In the Market	N	4	ASSISTANT MEDICAL EX	AMINER	DATE SIGNED
EXAMINE		-	M.D.	ASSOCIATE MEDICAL EX		12-7-71
NAME (T	ype) Werner	U. Sp	itz, M.D.	MANGEMENT DICAL DI	wannack	
4A. BURIAL CREN EMOVAL (Specific	ATION, 248. DATE	11 1	24C. NAME of CEMETERY	or CREMATORY 24D. L	OCATION (City, town, or o	county) (State)
BURIA		11	Good She	-Phind E	Wint PT	mnd.
SA. DATE REC'D	BY HEALTH DEPT.	258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R ADDRE	cc
DEC 13	1971 Robert	E. Jack	Ben, M.D.		-Slack F. 1/1001	7 e, 5, md
5 151-REV. 1/1/68		7	1 KI GRIVI	4 5 1 9		71012
			17.17.1			



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	2-121)		.017	1	BALTIMORE CI	TY HEAL	TH DEPART	MENT	-1	71	11	507	
BII)-62C	71	. 115	507	(CERTIFIC	ATE	OF DEA	ATH	REC	3. NO		-	
1.1	NAME OF DEC	EASED	0 - 1	, 2+		4	4.70			ND HOUR O		-		
	pe or Print)	OWE	15,14	ARTI	//	Luther			12-	- 8 -	71		1 9.30 residence before	P. M.
3.	PLACE IN BALT	IMORE, MA	RYLAND, W	HERE PRON	OUNCED	DEAD	A. 31	AIE	P. COOK	417		stitution	residence before	admission)
He	ILL NAME OF DISTITUTION	(IF NOT	IN HOSPIT	AL OR INS	NOITUTION,	GIVE STREET	1	ARYLL Y OR TOWN		FRERK	ED. INSI	DE CITY I	LIMITS?	20
1	t- L-						1	7447 1K	10124	/ Marine		YES 🗌	_	7
	UNION	UME	MORI	IAL	408	PITAL	E. ST	T. 8	-	FRED	ERIC	cK	- 4	
5.	SEX	6. RACE	,	7. MARRIE	D NEV	ER MARRIED	8. DA	E OF BIRTH		9. AGE (In	years	If Unde	er 1 Yr. If Un Days Hours	der 24 Hrs.
	/ / /	u	/	WIDOWE		DIVORCED		126/0	5	6				
	e during most of v			TOB, KIND	OF BUSIN	ESS OR INDUST	11. BI	THPLACE (Sto	de or lore	ign country)		1	ZEN OF WHAT	
	UMBER		CHANT		SA	ME	N	1ARY	LAN	D	,		U.S.A	
13.	FATHER'S NAM							OTHER'S MA						
K		双王,			S		CH	+ RIS	SIE	13.5	D. F	IRC	ESTON	E
15. (Ye	Was Deceased s, no or unknown)	Ever in U. S. (If yes, give	Armed Forwar or date	ces? s of Service		CURITY NO.	17. INI	ORMANT				-	ADDRESS	
	No	-	ة كسن لنسة كسنة كسنة لمساوية		217.	-10-9657	H	ELEN	7.	Bou	ERS		SAM	\mathcal{Z} .
	18. / SISEAS	OR CONE	DITION DI	ECTLY		AUSE OF DEA	TH						APPROXIMATE BETWEEN ONSET	
		LEADING TO	DEATH			(A) IMMEDIATE C.	AUSE C	ARDO	PULM	ONARY	INSL	1881-		
	heart failure, a	sihenia, etc	. It means	the diseos	e,	DUE TO, OR A	SACONS	EQUENCE OF	3	***************************************	CIEN	cy		
	A	NTECEDEN	T CAUSES			URE	MIA	7 + C.	ARC	NAU	A 07	=		
	DISEASES O	R CONDITI	ONS, if	any, givin	g	(B) URE DUE TO, OR A	S A CON	SEQUENCE O	E U	ETA	TASE	- C		******
	rise ia the UNDERLYING	CONDITIO	ause (A) N last	stating It		(c)	AIC	WITT			7750	٠,		
		- 11												
ATION	OTHER SIGNIFIC	BUT NOT RE	LATED TO TH	E TERMINA	3									
U	DISEASE OR CO	NDITION GI	VEN IN PAR	T (A).	WHICH	OPERATION	1207	A LITOPEY? ()	Ves as Na	30 20 IS VI	C WERE E	INDINGS	CONSIDERED	
CERTIFI	19A. DATE OF 11-8-71 K		BLI	4DDC/L	704	1016		/	VO	IN CERTIF	YING CAU	ISES OF	DEATH?	
AL C	OR CONTRIBUT DEATH Inofily	ING CAU	SE OF	2 he	B PLACE	OF INJURY (e.g. foctory, street,	in or obo	UT 21 C. WHER	CCU III	(If	In Boltimore	City, giv	e exact location)	
EDIC	21D.TIME	(Month) (D	oy) (Year)	(Hour) 2	E INJUR	OCCURRED		21F. HOW	DID INJ	URY OCCU	27			
ξ	OF INJURY		-		/hile At	Not Wi								
	22. I certify t	had (1) (aht	- beenteel		/ork L	At Wor	(L	2/			10		0	//-
	that (I) (we)				10		7	0 2/	استسبب	· · · · /·	(9_7/_
						(did) (did not)				of in (my)	(our) opin	ion deo	th occurred o	n the dote
	23A. SIGNATUI		00	eu douves	(1) (116)	ara) (ara nor)	view the	bady after	deoth.			238. DAT	E SIGNED	
		Von	111	7	M.	D. DEGREE PH	tending	Med.	П	Stoff Phys.		1:	2-8-	71
	23C. PHYSICIAN NAME (Ty	18	/			DEGREE	23D. AD		01	rnys.				
	A/ A	ONS	R.	1UA8-	PCA	TA	P	NION	ME	HOR	1DC	26	280117	C
24A	BURIAL CREW		DATE			CEMETERY OF C	REMATOR			CATION		-	or county)	(State)
	REMOVAL (S; Burial		ec/11/	1971 N	loun+	Olivet C	om ot o	22.77						
	DATE REC'D	T HEALTH	DEPT.	25B. NAME				EUNERAL B		erick.	Fred	reric	k. Maryl	and
	DEC13	15/	1 Bas	E. Nach	A Ar	000	, K	obert E	Da	iley &	20n	Frede	erick, Ma	rvland
VS	150-REV. 1/1/6	3		7		15-	1 (3_0	3	6				



FUNERAL DIRECTOR: IMPORTANT

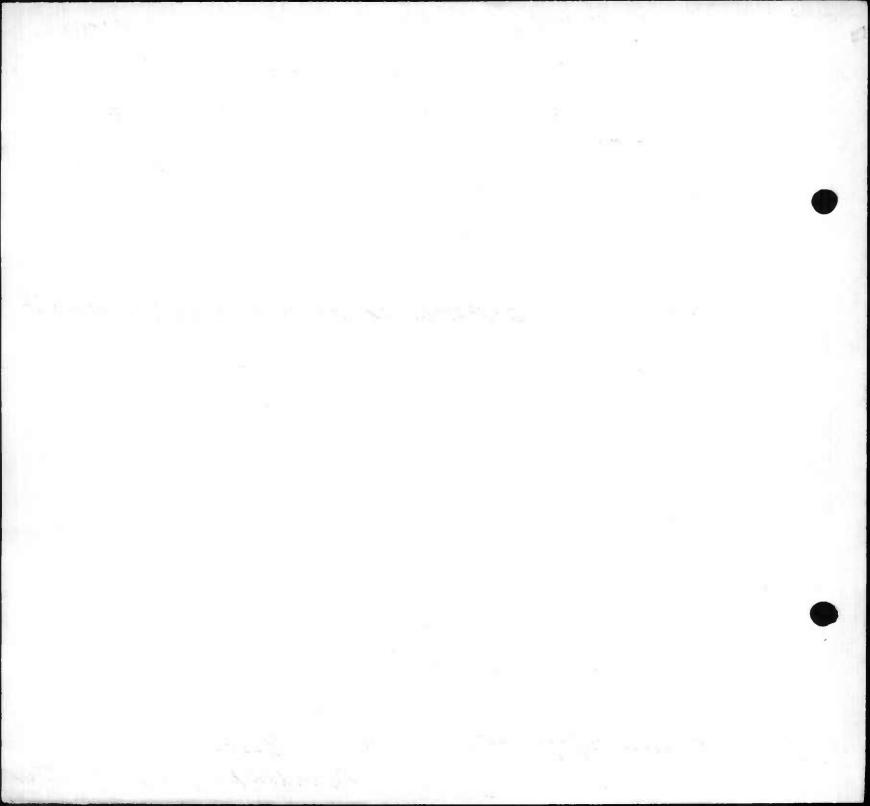
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

Mund	BALTIMORE CIT	Y HEALTH DEPARTMENT	ma	4.4.5
111-624 71 11	508 CERTIFICA	TE OF DEATH	REG. NO. 71	11508
1. NAME OF DECEASED			HOUR OF DEATH	
	LARSHALL	12/12/71	0900 EST	1 A
3. PLACE IN BALTIMORE MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceosed lived. Il institution	nt residence before admission)
FULL NAME OF (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	M D C. CITY OR TOWN	D. INSIDE CIT	25-33 VIIMITES
UNIV -		BALTO	YES [
HOSP. 38		E. STREET AND NUMBER		
		2319 NORFOLK	ST. BALT	21230
5. SEX 6. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	4/12/10	Month	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of wordene during most of working life, even if refired)	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country) 12. C	TITIZEN OF WHAT COUNTRY?
Hedgewalte.		ud		USA
13. FATHER'S NAME	Hayes (du)	14. MOTHER'S MAIDEN NAME		
-			arther (dec)	
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (II yes, give wor or date	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS CA
NO	215-28-2122		AGC 23191	A Dickery
DISEASE OF CONDITION DI	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of	(A) IMMEDIATE CAL		2	months
hearl failure, astheria, etc. Il means	the disease.	A CONSEQUENCE OF:	*************************	***************************************
injury or complication which caused		40		
ANTECEDENT CAUSES		ASCVD		years
DISEASES OR CONDITIONS, if	any, giving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(C)	RHD		years
z II				
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 19B. CONWAS PERIOR	HE TERMINAL T 1 (A).			*************************************
19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 2	OB IF YES, WERE FINDING	S CONSIDERED
U 121A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., li			
DEATH Inotily medical examiner	home, form, loctory, street, of	fice bldg., INJURY OCCUR?	(If In Baltimore City, g	live exect locotion)
OF INJURY (Month) (Doyl (Ycor)		21F. HOW DID INJURY	OCCUR?	
(APPROXI	While Al Work No! While At Work	, 0		
22. I certify that (I) (this hospital) attended the deceased from	11/27/- 19	71 to 12/12	1971
that (1) (we) last saw the decease	d alive an (2/i)	197and that !	1	
and have and from the causes stat	ed abave. (I) (We) (did) (did nat) v	lew the bady after death.		
23A. SIGNATURE	Δ		238. D	ATE SIGNED
Dan H. Mil	Degree Phys	nding Med. Staf	12/1	2/21
23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS		
	OEGREE	UNIV. MO	HOSP.	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCA	ATION (City, town,	or county) (S(ote)

258 NAME OF REGISTRAR

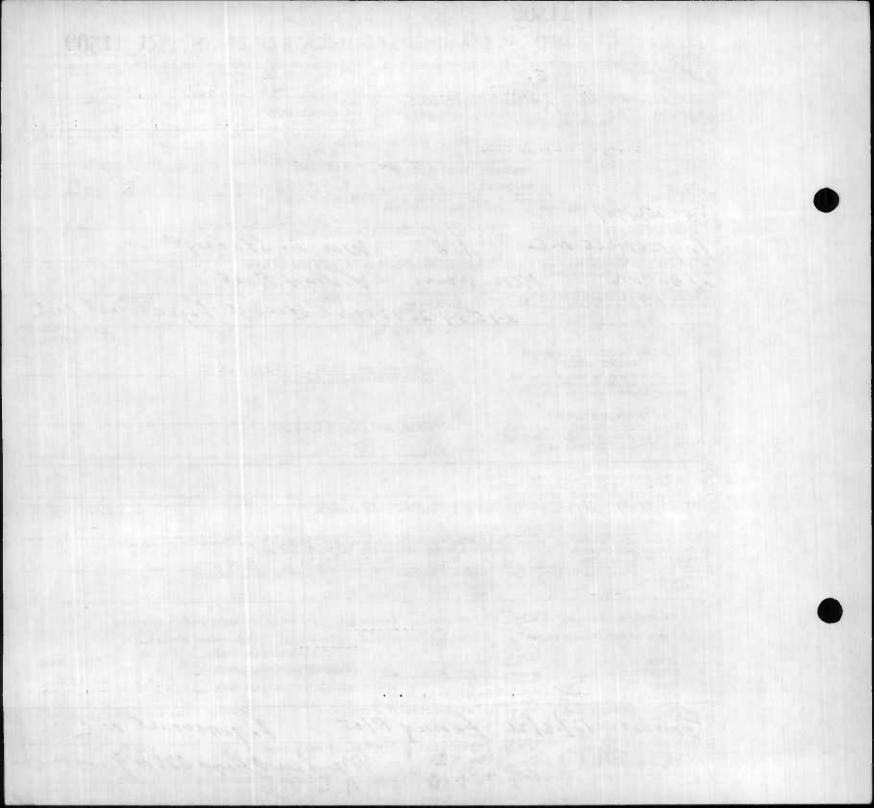
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25C. FUNERAL DIRECTOR & DLAnger Litte 3



71 11509 BALTIMORE CITY HEALTH DE

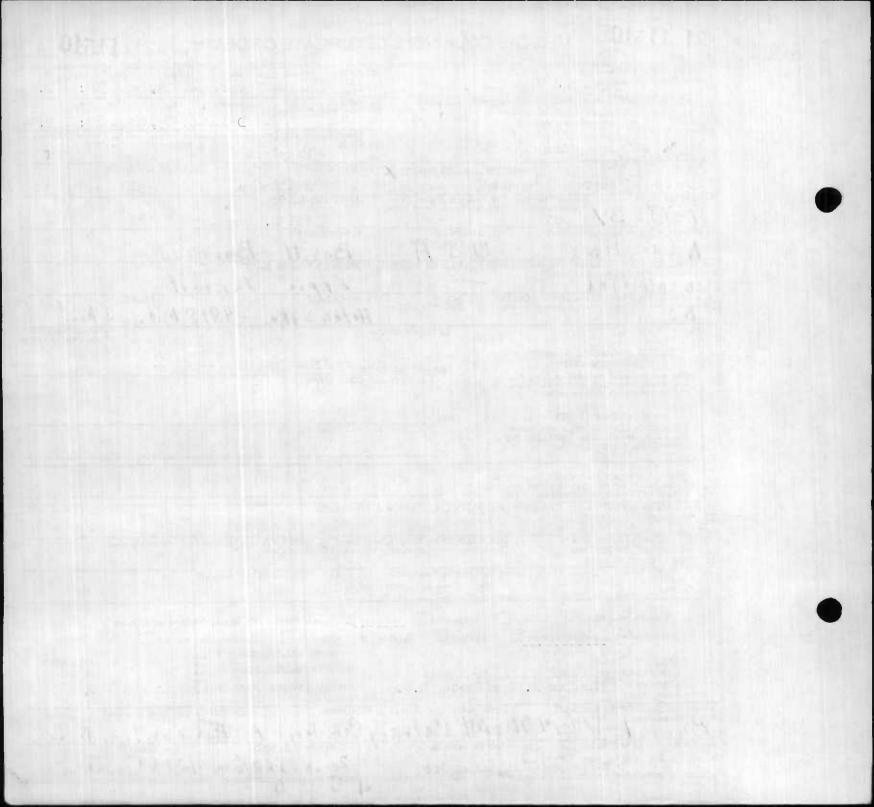
5-36	-	DICAL	BALTIMORE CITY HE			DEAT	u '71	11509	
BIRTH NO.	7412	DICAL		LKIN	CAILOI	DLATI	REG. NO.	. 11,000	
NAME OF DEC		F.		2. DATE OF	Known 🔯	Month	Doy	Year Hnur	
PLACE IN RAI	JAMES TIMORE, MARYLANDS	STRANG		DEATH 3. DATE	Estimoted		mber 10.		M.
ULL NAME OF		TAL OR INSTITU	TION, GIVE STREET		UNCED DEAD	Month	er 10, 1	Year Hour 9.50	P. M.
OR INSTITUTION				5. USUAL	RESIDENCE (Where	deceased liv	ed. If Institution:	residence before admi	ssion)
00	2428 Lakevie	w Avenu	e	A. STATE	Maryland	1	B. COUNTY	13	01
. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY O			D. INSIDE CIT	Y LIMITS?	1
Male	Negro	WIDOWEL			Baltimore		YE	NO 🗆	
DEC 人7	H 10.AGE last birth		Under 1 Yr. If Under 24 Hrs. onths Days Hours Min.		AND NUMBER				
BIRTHPLACE (S	State or foreign country)	21	CITIZEN OF	I3. FATHER	2428 Lakev	iew Av	enue		
FAMOTOG	-VILLE NI	C	WHAT COMNTRY?	Wa	1. E. ST	FRAN	195		
A.USUAL OCCU	PATION (Give kind of wor	HI4B. KIND O	F BUSINESS OR INDUSTRY						
LABUA.	vorking lile, even if retired	META	works	Vic	IAN R.	256			
t. WAS DECEAS es, no of unknown	ED EVER IN U.S. ARMI (If yes, give war ar date	ED FORCES? s of service)	17. SOCIAL SECURITY NO.	18. INFOR	F. Staan	198-1	AU TIE	DRESS VICLE N	r < .
19. E 96	5X1		CAUSE OF DEAT					APPROXIMATE IN	NTERVAL
DISEAS	E OR CONDITION DIR	ECTLY							
	LEADING TO DEATH	dutan an			otgun woun	d of c	hest		
heart fallure	at mean the mode of a , osthenia, etc. It means the nplication which caused d	he disease,	DUETO, OR A	S A CONSEC	UENCE OF:				
injury or con	inprication winch courses o	eom.)							
	NTECEDENT CAUSES	W CRUIC	(8)	AS A CONTE	QUENCE OF:				
RISE TO THE	OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST NG CONDITION LAST.	ATING THE	DOE 10, OK 1	KS A CONSE	QUENCE OF				
5 ONS EXCIT	TO CONDITION DASI.		(c)						
21 TO THE DEA	IIFICANT CONDITIONS (ATH BUT NOT RELATED TO CONDITION GIVEN IN	O THE TERMINA	G L						
20A. DATE OF	OPERATION 208. CO	NDITION FO	R WHICH OPERATION WA	S PERFORA	NED			21. AUTOPSY? (Yes o	er No)
2								Yes	
UNDERLYING	NAL CAUSE WAS	228 hon	PLACE OF INJURY (e.g., ine, farm, factory, street, office	bldg., eic.)	NURY OCCUR?	if in Baltimore	City, give exact	location)	21
22D. TIME	Month) (Doy) (Yes	ar) (Hour)	Home 22E, INJURY OCCURRED		2428 Lakev	LEW AV	enue	با لينه ا	
OF INJURY (APPROX.)	12-10-71 %		WHILE AT WORK AT WO	WHILE	Shot by un			+	
23.									
			Inspection Aut		and that on th	is basis, d	leath in my o	pinion	
result	ed from: Natural ca	USOS .	Accident Suicide	• H	micide 🔽 👢	Indetermin	ed manner		
ACTUAL	010) 1		CHIEF MEDICAL E	KAMINER		DATE SIGN	JED
SIGNATU		0,0	pringale M.D.	ASSI	STANT MEDICAL E	CAMINER [X		
NAME (T	ype) Charl	es S. S	pringate, M.D.	ASSC	CIATE MEDICAL E	CAMINER !	_ Decem	ber 11, 197	/1
AA. BURIAL CREATE MOVAL (Specif	MATION, 248. DATE	3/71	FAMILY	P CREMATO	PRY 24D. L	OCATION	(City, town, 501262	or county) (Stor	e)
DEC 1	1971 Page	BE, VIOL	OF REGISTRAR	125C. 1	Shaw &		638 A	Gress grain or	154
151-REV. 1/1/68	N	674	, 00	74	5 0 0				V



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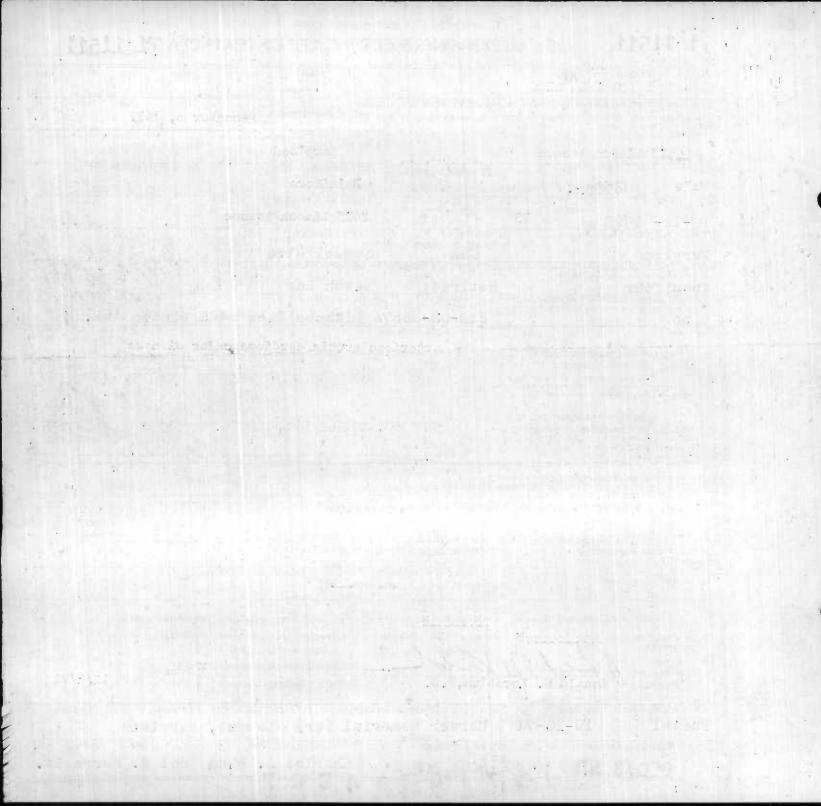
	BALTIMORE CITY	HEALTH DEPARTM
AAEAB		

11	RIH NO.)10	WEL	DICAL I	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	1 11	510	
1	NAME OF DEC					2. DATE	Known K	Month	Doy	Year	Hour	
	rpe or Print)		TELLA	BURGES		OF DEATH	Estimated	Decemb	per 10,	1971	5:55	P. M.
	PLACE IN BAL				TION, GIVE STREET	3. DATE PRONOL	INCED DEAD	Month	Day	Year	Hour	
HC	SPITAL RINSTITUTION	ADDRE	SS OR LOCA	TION)	TOTAL OTTE STREET	5 LISTIAL PI	SIDENCE (Where		per 10,		5:55	P. M.
-	33 J	ohns Ho	pkins	Hospit	al al	A. STATE	Marylan		B. COUNTY	: Lazidauce (70	4
6.	SEX	7. RACE		8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	TY LIMITS?		
	Female	Negr		WIDOWED			Baltimo	re	YE	s 🛚	NO 🗆	
у.	4-18-	34	10. AGE (Illost birthdo		Under 1 Yr. 11 Under 24 Hrs. inths 1 Days Haurs 1 Min.	E. STREET A	911 N.	Broadw:	av.			
11.	BIRTHPLACE (S	tate or foreig	n country)	12.	CITIZEN OF	13. FATHER		^	.,			
	N. Car	OLIN	q		WHAT GOUNTRY?	139	sill	Burg	ress			
dor	ve during most of w	orking life, ey	e kind of work en if retired)	148.KIND O	F BUSINESS OR INDUSTR	15. MOTHE	'S MAIDEN NAI	WE -	11			
14	WAS DECEASE		IS APAF	EODCES2	17. SOCIAL	18. INFORM	Fie	Jarr	ell	DRECE		
(Ye	s, no de unknown)	(Il yes, give v	or or dates	of service)	SECURITY NO.	Heler	Sytes	- 491		W 60 d	Ave	12/3
	19.571	.8 1			CAUSE OF DEA	TH				AP	PROXIMATE I	NTERVAL AND DEATH
		OR COND		CTLY		Fot	tr motomo:	unhagi	. af 13			
	(This does no	EADING TO	mode of dy	ing, e.g.,	(A)IMMEDIATE C	AS A CONSEQUE	ty metamo:	rphosts	OT TIV	er		
	heart failure, injury ar com	asthenia, etc.	It means the	disease,	DOE 10, OK 1	A CONSEQ	DENCE OF					
	AA	ITECEDENT	CALISES		604							
	DISEASES C			GIVING	DUE TO, OR	AS A CONSEC	UENCE OF:					
2	1 IINDERIYIN	G CONDITI	ON LAST.	IING IHE	(c)							
2			11									
CERTIFICATION	TO THE DEA	TH BUT NOT	RELATED TO	THE TERMINA	G							
RTIF	DISEASE OR	CONDITION	GIVEN IN PA	ART I (A)	R WHICH OPERATION W	C DEDECTA	30			In AUTO	PSY? (Yes	
4	2,				A THINGS OF EARTION TO	- PERFORM				21. AU10	Yes	or No)
7		VAL CAUSE		228	PLACE OF INJURY (e.g., ne, farm, factory, street, affici	In or about 22	C. WHERE DID	If In Baltimore	City, give exac	t location)	103	
EDIC,	UNDERLYING UTING CAL			hon	ne, tarm, tactory, street, affic	bldg., etc.) ii	DURY OCCURS					
Σ	OF INJURY	Manth) (D	oy) (Year) (Hour)	22E.INJURY OCCURRED		F. HOW DID IN	URY OCCU	R?			
	(APPROX.)		100	m.	WHILE AT NOT AT W	WHILE ORK						
	23.	fy that I he	eld on 1	ngulry 🔲	Inspection Au	topsy X	and that on th	to boots	land to an			
	1 1 1 1 1 1	ed from: N			Accident Suicid				ed manner			
		01	A) Control		HIEF MEDICAL E		ed manner L	,		
	ACTUAL SIGNATU	RE (h	arls	7,0	armaate up		TANT MEDICAL E		X		DATE SIG	NED
	EXAMINE NAME (Ty	R'S Ch	arles	S. Spr	ingate, M.D.	ASSO	CIATE MEDICAL E	XAMINER	Dece	mber 1	11, 19	71
	A. BURIAL CREM	ATION, 2	8. DATE	1 = 1 2	4C. NAME of CEMETERY	or CREMATO	RY 24D. I	OCATION	(City, town,	or county)	(Sto	ite)
1	Bynia		12-14	1-71	MT. Calvai	V.Cem	etem 1	7. A.	COUN	ty.	Md	1
25.	A. DATE REC'D	BY HEALTH D	EPT.	258. NAM	E OF REGISTRAR	/ 25C. F	UNERAL DIRECTO		AD	DRESS	1 1 -	
	DEC	13 197	1 Rob	F. 3 8.	aber M.D.	201	ah T. E.Li	chson-	1/29 N.	Caro	lines	7-
VS	151-REV. 1/1/68			11 1		4	7 6					



BALTIMORE CITY HEALTH DEPARTMENT

71 11511	MEDICAL EX	XAMINER'S	CERTIFI	CATE O	F DEAT	H REG. NO.	1 11	1511
1. NAME OF DECEASED	nA.		2. DATE	Known [Month	Day	Yeor	Hour
(Type or Print) SAMUEI	RICE		OF DEATH	Estimoted [Day		۸
4. PLACE IN BALTIMORE, MARYL	AND, WHERE PRONC	OUNCED DEAD	3. DATE		Month	Day	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL ADDRESS OF INSTITUTION	HOSPITAL OR INSTITUTE OR LOCATION)	ON, GIVE STREET		JNCED DEAD		per 6, 1		4:00 A
DD 2425 Linden A			A. STATE	Maryland		B. COUNTY	1	301
6. SEX 7. RACE Colore		NEVER MARRIED	C. CITY OR Bal	town timore		D. INSIDE CI		NO 🗆
9. DATE OF BIRTH 10	AGE (In years If U	nder 1 Yr. If Under 24 Hrs. ths Days Hours Min.	E. STREET	AND NUMBER		1	-3 []	
10-12- 1898	st birthdoy) 73 Mont	ms Days Hours Min.	2425	Linden	Avenue			
11. BIRTHPLACE (State or foreign of Maryland		CITIZEN OF WHAT COUNTRY?	13. FATHER	s NAME	9		131,	7.7
14A.USUAL OCCUPATION (Give kin	nd of work 148. KIND OF							
done during most of working life, even in Chauffeur		etired	Sara	h Law				
16 WAS DECEASED EVER IN U.S.	ARMED FORCES?	17. SOCIAL	18. INFOR			Ai	DDRESS	
(Yes, no or unknown) (If yes, give wor	or dates of service)	\$ECURITY NO. 218-03-655	7A Bla	nche Ri	ice 242	5 Lind	len Av	70.
19. // / 2 4 .		CAUSE OF DEA	ATH				AP	PROXIMATE INTERVAL
DISEASE OR CONDITIO	N DIPECTLY	Arteri	osclero	tic card	iovascu	lar dise	ase	EEN ONSEL AND DEA
LEADING TO DE		(A)IMMEDIATE	CAUSE				Pro Tr	
(This does not mean the ma- heart foilure, osthenio, etc. It n	de of dying, e.g.,	DUE TO, OR	AS A CONSEC	UENCE OF:				
injury or camplication which co	oused de oth.)							
ANTECEDENT CA	USES	(8)						
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE	S, IF ANY, GIVING	(8) DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYING CONDITION	LAST.	(c)						
<u> </u>		(4)						
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REIDISEASE OR CONDITION GIVE	ATED TO THE TERMINAL							np.n.q.n.a.a.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o
20A. DATE OF OPERATION 2		WHICH OPERATION W	AS PERFORM	NED			21. AUTO	PSY? (Yes or Na)
Ö								no
22A. EXTERNAL CAUSE WA UNDERLYING OR CONTRIL UTING CAUSE OF DEATH.	B. home	PLACE OF INJURY(e.g. e, farm, factory, street, offi	, in ar about a	22C. WHERE DI	D (If in Saltimo	re City, give exc	ect location)	
22D. TIME (Manth) (Doy)		2E. INJURY OCCURRED	- 2	2F. HOW DID	INJURY OCC	UR?		
OF INJURY (APPROX.)		WHILE AT NO	WHILE WORK					
I certify that I held	an Inquiry	Inspection 🛣 Au	atapsy	and that o	n this basis.	death In my	apinian	
resulted from: Naty		ccldent Suicl						
Total Italia	1	1 / 1		CHIEF MEDICA			arrest .	
ACTUAL /	ed WI	/whi	ASSI	STANT MEDICA		$\overline{\mathbf{x}}$		DATE SIGNED
SIGNATURE RON	ald N. Kornb	olum, M. D.).	CIATE MEDICA		ī		12/8/71
NAME (Type)			730	CIATE MEDICA	THE BOTTOM VER	turner.		
24A. BURIAL CREMATION, 248.	DATE 24 2-10-71	Carver Mem			Laurel		n, or county) (Stote)
25A. DATE REC'D BY HEALTH DEP		OF REGISTRAR		FUNERAL DIRE			DDRESS	onno at
DEC 13 197	1 wither E.	Jacker M.D.	Un	arles.	M. MIC	9 001	W. D	arre St.
VS 151-REV. 1/1/68	1 /	9		3 0	1			



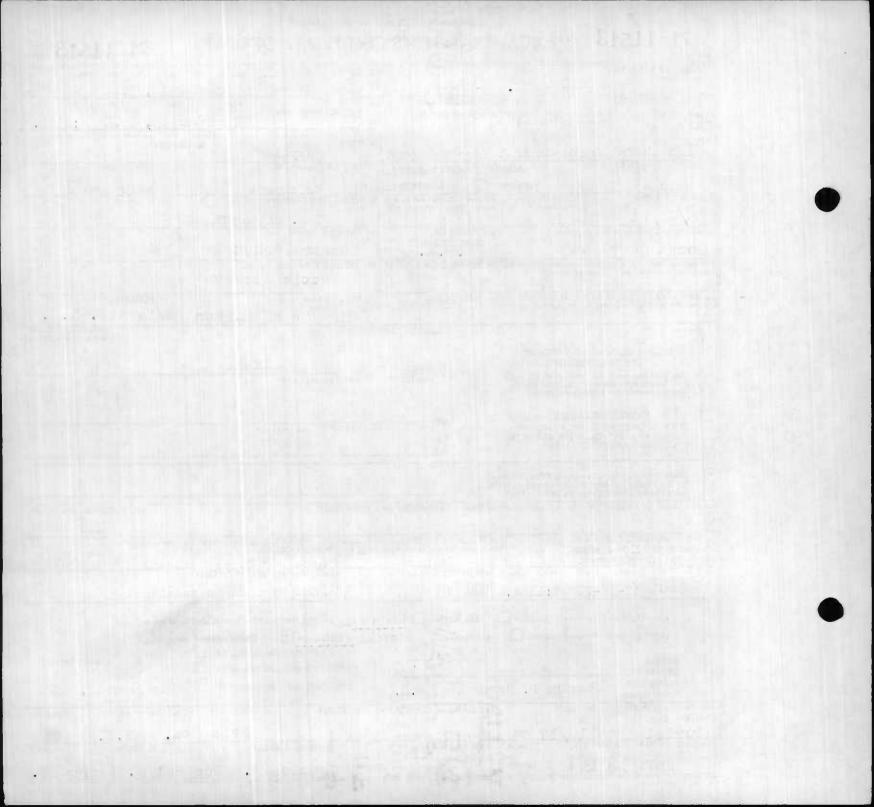
his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased ras D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the eceased prior to death. Such rritten approval must be obtained before the remains are embalmed or final disposition is made.	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such written approval must be obtained before the remains are embalmed or final disposition is made.		de			
	ドサカメウメ	FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	lows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	as D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the sceased prior to death); and (6) No physician was in regular attendance on the decaded prior to death).	ritten approval must be obtained before the remains are embalmed or final disposition is made.

	1 71 11519		HEALTH DEPARTMENT TE OF DEATH RI	EG. NO. 71 1	1512			
	1. NAME OF DECEASED (Type or Print) Daws, James		2. DATE AND HOUR DEC.	10, 1971	4 A.M.			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIADDRESS OR LOCATION)	A. USUAL RESIDENCE (Where decease A. STATE B. COUNTY BOOKIT		residence before admission)				
0	HOSPITAL OR ADDRESS OR LOCATION!	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER 4 200 Spring dale Que						
	5. SEX M 6. RACE N 7. MARRIED NEVER	MARRIED	8. DATE OF BIRTH / 9. AGE (M yeors If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.					
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Laborer		11. BIRTHPLACE (State or loreign country	1 12. CI1	TIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	Samuel Davis		Lucinda Boyd					
	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIA (Yes, no ar unknown) (If yes, give war or doles of service) SECII	AL RITY NO.	17- INFORMANT		ADDRESS			
	no	KIII NO.	Albertha Davis, wife	e, 4200 Spr	ingdale Ave.			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	JSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	(A)	DUE TO, OR AS A		rent	#0000000000000000000000000000000000000			
	ANTECEDENT CAUSES	CVI	, ~ 5		1			
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF: Artivoscleroffic cardiovascular divorase (c)							
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Urem	ia Dehydre	ation				
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OP	ERATION	20A. AUTOPSY? (Yes or No.) 20B. IF	TES, WERE FINDINGS	CONSIDERED DEATH?			
	OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21B. PLACE OF hame, form, for etc.)	INJURY (e.g., in ctary, street, offi	ar obout 21 C. WHERE DID (H	In Baltimare City, glv	re exect lacation)			
	OF INJURY (APPROX.) (Month) (Doyl (Yeor) (Hour) (While At Work	CCURRED Nat While At Work	21F. HOW DID INJURY OCC	JR?				
	22. I certify that (1) (this hespital) attended the deceased from 19 1/10 2-10 19 that (1) (we) last saw the deceased alive an 2-10 19 7 and that in (my) (our) aptaion death accurred on the date							
	and hour and from the causes stated above. (1) (Ve) (did) (did not) view the body after death.							
	23A, SIGNATURE V. Chitrogle Attending Med. Staff Dec 10 7/							
	23C. PHYSICIAN'S NAME (Type) /- Chitraplee 23D. Address Promber Hop.							
	24A. BURIAL CREMATION, 248, DATE 24C. NAME of CER REMOVAL (Specify) Burial 12/1/77	METERY OF CREA	· CA 1 /1 66	(City, Hawn, o	or county) (State)			
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTAL	1	25C. FUNERAL DIRECTOR	Jones Comments	ADDRESS 66 W BADRA			
H	VS 150-RF A 1/1/6B		11 4 3 11 11 11	, cur	1 Sauce			

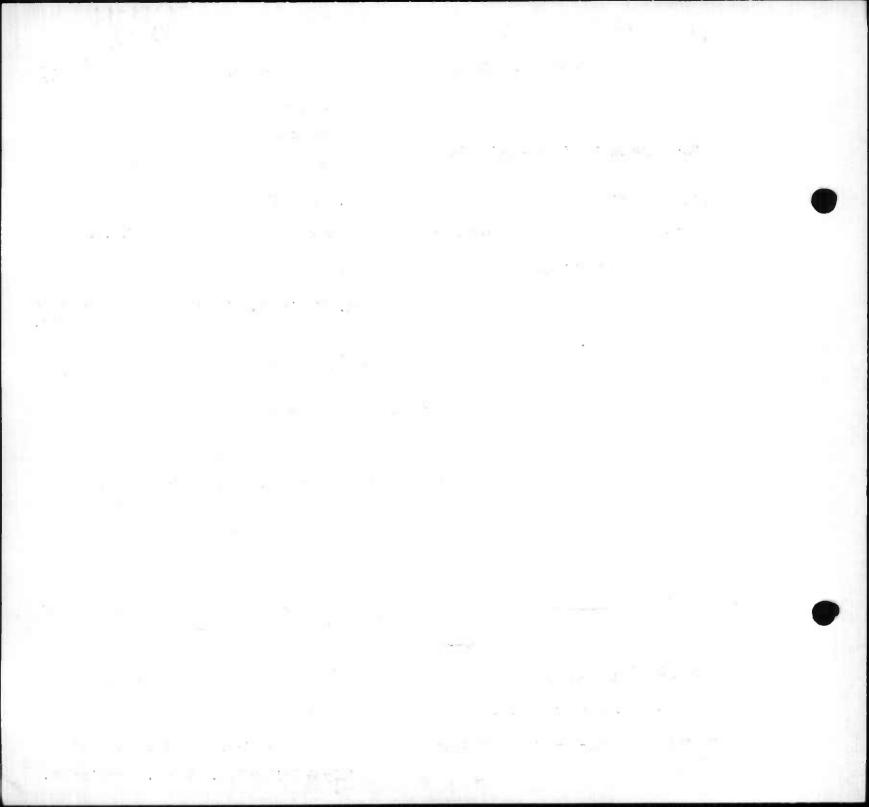
3/7/72 - Correction form from funeral director.

BALTIMORE CITY HEALTH DEPARTMENT

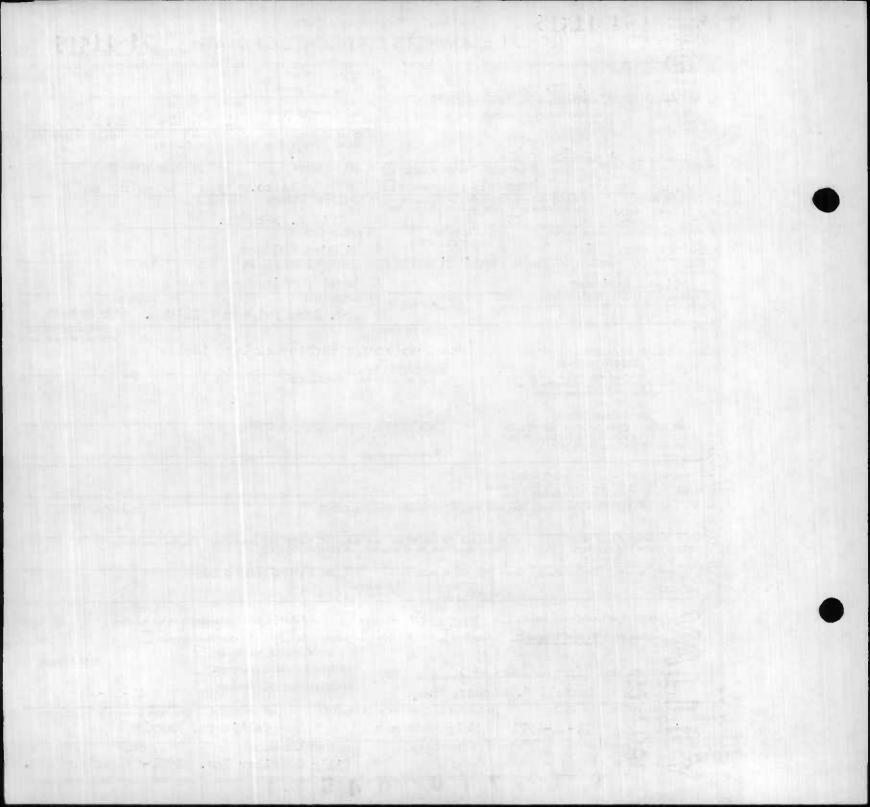
DI	71 11	1513	MED	ICAI	. EX	AMINER'S	CERTIF	CATE OF	DEAT	H REG. NO.Z	1 11	513
	NAME OF DEC						2. DATE	Known X				C (, / , 2 , -
	pe or Print)		DANIEL	C.	P	ARSON	OF	Estimoted	Month	nber 11,	Year	Hnur
4.	PLACE IN BAL	TIMORE, M	ARYLAND, W	HERE PI	RONOL	JNCED DEAD	3. DATE		Month	Doy	1971 Yeor	Hour M.
HO	LL NAME OF SPITAL INSTITUTION	(IF NO	OT IN HOSPITA	LORINS	סוזטזוז	N, GIVE STREET		UNCED DEAD		ber 11,	1971	1:34 A.M.
10	South	Baltin				spital (DOA)	A. STATE	Maryland	a decapsed in	B. COUNTY	2	DO6
6.	SEX	7. RACE		8. MARE	IED	NEVER MARRIED	C. CITY O	RIOWN		D. INSIDE CITY	LIMITS?	
	Male	Neg	ro	WIDOY	VED 🗆	DIVORCED		Baltimore	,	YES	V	ио 🗆
9.	5/21/5		10. AGE (In losi birthdoy		If Und Months	or I Yr. If Under 24 Hrs. La Days Hours Min.	E. STREET	AND NUMBER 3 S. Hilt				
11.	BIRTHPLACE (S					IZEN OF	13. FATHER		OII DCI	. 666		
S	South C	aroli	na		W	HAT COUNTRY?	Con	nor Pars	on			
14Å don	USUAL OCCU during most of w	PATION (Giverking life, e	ve kind of work I ven If relired)	4B. KIND	OF BU	ISINESS OR INDUSTRY	15. MOTH	attie Pi	we erson			
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	3 1	7. SOCIAL	18. INFOR	MANT		ADD	RESS	
(14:	i, no or u nknown)	(it yes, give	wor or doles c	t service	,	SECURITY NO.	John	Edward	Parso	n Davis	Sta	. S.C.
	19. E9	(5)	(CAUSE OF DEA	1				APP	ROXIMATE INTERVAL EN ONSET AND DEATH
		E OR COND LEADING TO	OMON DIREC	TLY								
Н	(This does n	ot mean the	mode of dyle	ng, e.g.,		DUE TO, OR A	AUSE GU	nshot woun	d of h	ead		
	heart tollure.	, osthenia, et	c. It meons the	disease.		DUE IC, OK A	S A CONSEC	PUENCE OF				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.												
z	UNDERLYING CONDITION LAST. (C)											
2			II									
CERTIFICATION	TO THE DEA	CONDITION	NDITIONS CO TRELATED TO T GIVEN IN PA	HE TERM	INAL							
ERI	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED								2	I. AUTOF	SY? (Yes or No)	
							7	Zes .				
EDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- 22B. PLACE OF INJURY (e.g., In or obout) 22C. WHERE DID (If in Baltimore City, give exact location) home, form, factory, street, office bidg., etc.) INJURY OCCUR?								3.01			
	220. TIME (Month) (Day) (Year) (Hour) 22E-INITIAN OCCURRED 22E HOW DID INITIAN OCCURRED								-	277		
-	OF INJURY (APPROX.) 12-11-71 1:15 A.m. WHILE AT NOT WHILE X Shot by unknown assailant											
Ì	I certi	Ify that I h	eld on In	quiry []	nspection Aut	opsy XX	and that on th	is bosts.	death in my on	Inten	
	resulted from: Natural causes Accident Suicide Homicide W Undetermined manner C											
	ACTUAL () DATE S							DATE SIGNED				
	SIGNATURE SWILL.											
	NAME (T	ype)		S. S		gate, M.D.				Decen	iber 1	1, 1971
RE/	NOVAL (Specif	AATION, 2	248. DATE		24C.	NAME of CEMETERY	CREMATO		OCATION	(City, town, o	r county)	(Stote)
	Burial		12/17	/71	F	lopkins			avis	Sta.	S.C.	
254	. DATE REC'D	BY HEALTH	DEPT.			F REGISTRAR D.	25C. I	UNERAL DIRECTO	R	ADD	RESS	
	DF	0.131	971	Berle	د. الا الا	The state of the s	0	harles A	. Ric	e 661 W	I. Re	nna St
/S	151-REV. 1/1/68	1	1/8/	- 14	4		6) () ()	1646	001	Da	110 000



7002	DESTINORE CITY HEALTH DEPARTMENT REG. NO. 111514 CERTIFICATE OF DEATH
of death of death Deceased e on the	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
of of con Dece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions residence before education)
hosp ise (5) and dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) A. STATE B. COUNTY Maryland CONTROL OF THE PROPERTY OF THE PR
cau cau use; tend	C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES NO
ing ing ca at	House in Pines Nursing Home E. STREET AND NUMBER 628 Rockaway Beach Avenue
curre tribut mined gular sed p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
occurre ontribut ermined regular regular is made	The state of the s
or condet in dec	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country! Commany Comman
rect (4) U (4) U the spoosi	13. FATHER'S NAME John Nickel Mary
istant the di kind; death ce on inal di	15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown! (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Mrs. Lillian M. Siegman 628 Rockaway Beach
his ass fo, if tany nced endan	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r or his . Also, ure of oncoun r after almed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease,
iner act pr pr mb	injury or complication which caused death.) ANTECEDENT CAUSES
xami xami) A fr who who are e	DISEASES OR CONDITIONS, if any, giving isse to the above cause IA) sloting the
al e al e s; (3 in ins ins	UNDERLYING CONDITION last. (C)
medical herical burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A).
chief a r Body the ysici e the	19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION NO 19R CONSIDERED 19 CONSIDER
by the pital by re; (2) where No ph	OR CONTRIBUTING CAUSE OF home, form, foctory, sheet, office bldg., INJURY OCCUR?
oved be hosp raturater wide (6) tained	21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work At Work
gt Ex ad	22. I certify that (I) (ship hespitel) attended the deceased from 6/21/19 to 12/11/19 7/ that (I) (we) last saw the deceased alive on 12/8/19 7/ and that in (my) (con) apinion death accurred an the date and haur and from the causes stated above. (I) (No) (did) (did not) view the body after death.
of o	that (1) (we) last saw the deceased alive on 1218/197/ and that in (my) (aser) apinion death accurred an the date
leased to ident of hospital o death)	and haur and from the causes stated above. (1) (Ve) (did) (did not) view the body after death. 23A. SIGNATURE
eleccid ccid a ho	Altending Med. Staff 12/13/71
certificate body was r vs: (1) An a D.O.A. at a ased prior ten approv	23C. PHYSICIAN'S NAME (Type) Albett B. Bradley, M.D. 23D. Address 4900 Belair Road 21206
E \$5085	246. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county) (Stole! Burial 12-11-1971 Oak Lawn Baltimore County, Maryland
This cert the body shows: (I was D.O decease written	25A. DATE REC'D BY HEALTH DEPT. 255 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
たちゃかき	DEC 13 157 Volent E Janker, 700 Lilly & Zoiler Inc. 700 S. Conkling St.

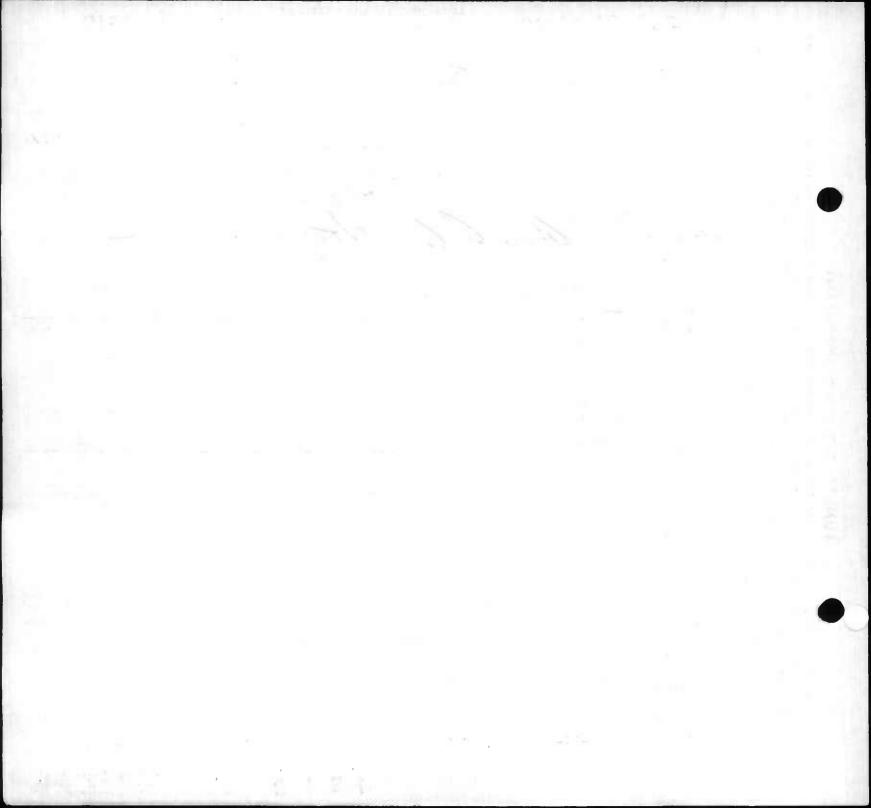


M- 435 11515	BALTIMORE CITY HE			DEAT	Li B	71 44	515
BIRTH NO.	L LAMINITER O	JEKT II IC	AILOI	DLAI	REG. NO.	4 44	310
I. NAME OF DECEASED		2. DATE	Known 🔲	Month	Doy	Year	Hour
(Type or Print) JAMES MULI	OOON	OF DEATH	Estimoted				
4. PLACE IN BALTIMORE, MARYLAND, WHERE		3. DATE		Month	Doy	Yeor	Hour M.
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)		PRONOU	NCED DEAD	12	12	1971	11:50a M
OK IKSIIIOIION		5. USUAL RE	SIDENCE (Where		ed. If Institution	n: residence b	elore odmission)
Union Memorial Hospit	tal .	2.31415	Md.		B. COUNTY		905
6. SEX 7. RACE 8. MAI	RRIED NEVER MARRIED	C. CITY OR T	OWN		D. INSIDE C	TY LIMITS?	
	WED DIVORCED		Balto.			ES 🔀 N	
9. DATE OF BIRTH 10. AGE (In years	Wilnes Ye Under 24 Hee	E. STREET AL				ES LA N	10 LJ
Many 27 7801. lost birthday)	Months Days Hours & Min.						
			0 E. 36th	St.			
II. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S					
Youngstown, Ohio	U.SA.		am Muldoo				
14A.USUAL OCCUPATION (Give kind of work 14B. KINdone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NAM	AE			
Retired Engineer		Sarah	Gettings	5			
14. WAS DECEASED EVER IN U.S. ARMED FORC	ES? 117. SOCIAL	18. INFORM			A	DDRESS	
(Yes, no or unknown) (II yes, give wor or dotes of servi	SECURITY NO.		Anna Muld	door		36th	Street
119.	CAUSE OF DEA		Willia Linte	10011	TETO D		ROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart follure, osthenic, eic. It meens the disease injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) 200. DATE OF OPERATION 2008. CONDITION	G (B) DUE TO, OR A	AUSE IS A CONSEQUI	ENCE OF:	ılar di	sease		
20A. DATE OF OPERATION 20B. CONDITION	FOR WHICH OPERATION WA	S PERFORME	D			21. AUTOP	SY? (Yes or No)
					no		
22A. EXTERNAL CAUSE WAS	228. PLACE OF INJURY (e.g., home, farm, factory, street, office	n or obout 220	C. WHERE DID (H	f In Baltimore	City, give exa	ct location)	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	nome, rarm, ractory, street, office	bidg., etc.) INU	IURY OCCUR?				
Z2D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)		WHILE	HOW DID INJ	URY OCCU	R?		
I certify that I held an Inquiry resulted from: Notural couses & ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSell S.	Accident Suicide M.D. Fisher, M.D.	ASSIST.	HEF MEDICAL EX ANT MEDICAL EX IATE MEDICAL EX	ndetermin KAMINER KAMINER	ed manner		PATE SIGNED
24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 12-14-1971	24C. NAME of CEMETERY of Holy Redeeme	r	Bal		e, Mary		(Stote)
NEC 13 1971 Walle E. Had	NAME OF REGISTRAR		NERAL DIRECTOR		100	ODRESS -07 Eas	stern Ave.
VS 151-REV. 1/1/68	/ 1000) 4 5					



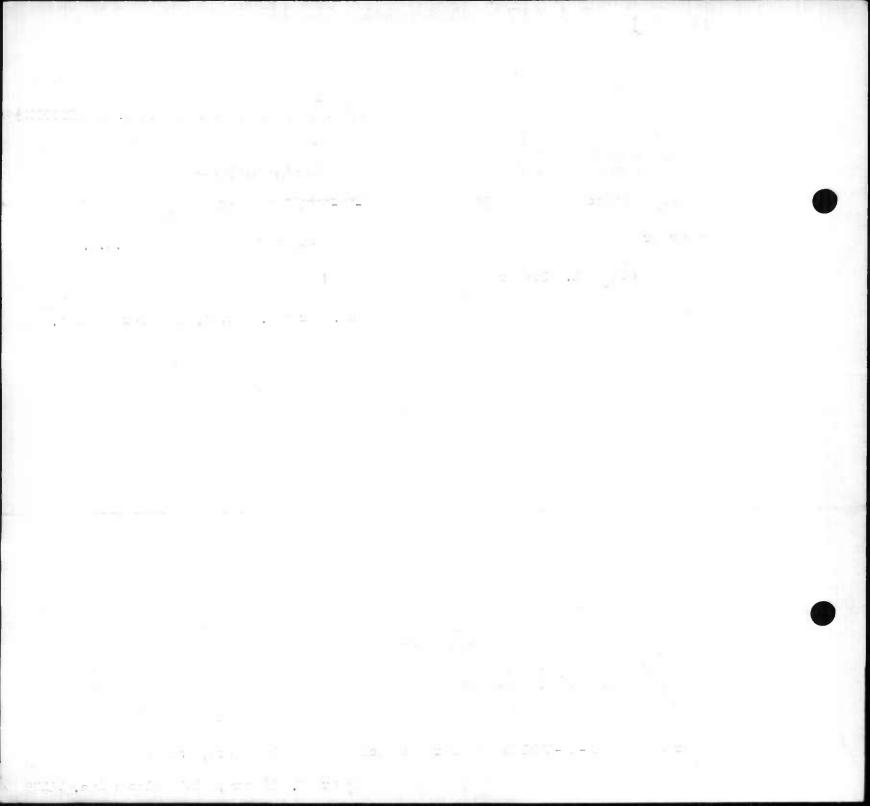
FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 71 11516 71 11516 CERTIFICATE OF DEATH of death of death Deceased ce on the I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH POPYK (Type or Print) hospital death. 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE (4) Undetermined cause; (5) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR JOWN D. INSIDE CITY LIMITS? affend 2 YES A NO prior E. STREET AND NUMBER or contributing occurred 400 in regular disposition is mad if Under 24 Hrs. 5. SEX 9. AGE (In years If Under 1 Ya 8. DATE OF BIRTH 6. RACE MARRIED NEVER MARRIED deceased Hours 9 WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give Lind of workings, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE ISlate of foreign country 12 CITIZEN OF WHAT COUNTRY? death done during most of working life, even if refired) OABO en KA.ne Was the 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME the direct or his assistant if 0 death 15. Was Deceased Ever in U. S. Armed Forces?
[Yes, no or unknown] (If yes, give war or dotes of service) 6 SOCIAL 17. INFORMANT ADDRESS or final SECURITY NO. attendance -30-2 309 any APPROXIMATE INTERVAL pronounced BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, regular examiner Injury or complication which caused death.) ANTECEDENT CAUSES who (B) DUE TO. OR AS A CONSEQUENCE OF: obtained before the remains are DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the (3) = physician UNDERLYING CONDITION last the chief medical No physician was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 19A DATE OF OPERATION 19E CONDITION FOR WHICH OFERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 20E IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 8 218 PLACE OF INJURY (e.g., in or about 21 G. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (2) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimare City, give exact location) where to the hospital MEDICAL DEATH (notify medical examined any nature; (Month) (Day) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY Not While (except While At ___ (APPROXI and Work At Wark 22. I certify that (1) (this hospital) attended the deceased from a 19 71 that (I) (we) last sow the deceased alive an_ 90 ond that In(my) (our) opinion death accurred an the date An accident of hospital death) the body was released shows: (1) An accident ond hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 238, DATE SIGNED Attending [Med. Staff 0 Director Phys. approval 5 prior 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS di BICH MAUN V. + ECD D.O.A. 24A. BURIAL CREMATION 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole) bespese REMOVAL (Specify)
Burial decease 12-15-1971 St. Michael Baltimore County, Maryland MOS 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR Zeiler Inc. 1901-07 Eastern Ave. VS 150-REV. 1/1/68



death death eased n the Such
hospita se of (5) Dec ance o death.
ng cause; cause; attend
tributi mined gular sed pr
or conndeterns in redeced
direct direct d; (4) U th was on the dispos
assisto if the iny king ed dea dance
Also, ure of a conounc
aminer A fracti vho pr regular
dical exical exi
a mediody burner physician v
tal by e; (2) B here th No phy: before
e hospi natur cept w nd (6) I
ist be approved by the chief medical examiner or his assistant if death occurred in a hospital and assed to the hospital by a medical examiner. Also, if the direct or contributing cause of death dent of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased ospital (except where the physician who pronounced death was in regular attendance on the death); and (6) No physician was in regular attendance on the deceased prior to death. Such must be obtained before the remains are embalmed or final disposition is made.
release acciden a hosp r to de
This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing coshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendence on the deceased prior the deceased prior the deceased prior the approval must be obtained before the remains are embalmed or final disposition is made.
This ce the book shows: was D. deceas

	71 11517	BALTIMORE CITY	HEALTH DEPARTMENT						
	BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 71 11517							
- 11	INAME OF DECEASED		2. DATE AND HOUR OF DEATH						
- 11	- LEVYN D. WILLE		12-	1-71	1 Million				
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE	ED DEAD	A. STATE MD B. COU	ore deceased lived If it	nstitution: rosidence before admission)				
	FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN							
	400d Convalescent Hom	e	Batto.		YES NO				
60	Baltomd Son Ave		E. STREET AND NUMBER	onAve	2582				
1	S. SEX 6. RACE 7. MARRIED 1	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Ye., If Under 24 Hrs.				
	remale White WIDOWED	DIVORCED _	4-23-1891	90	Months Doys Hours Min.				
	OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLA CE (Stote or for	oign country)	12. CITIZEN OF WHAT COUNTRY?				
	Homemaker		Maryland	i	U.S.A.				
11,	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0,00				
	Carey L. Proser		Unknown						
		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	No		Mrs Doris M	Us 11s 10	21230				
	18. 44/11	CAUSE OF DEATH	HILS. DOLLS M.	WIIII8, 130	9 Parkman Ave				
	DISEASE OR CONDITION DIRECTLY								
	LEADING TO DEATH (This does not meen the mode of dying, e.g., heer loilure, osthenia, etc. II means the disease,								
	heart loiture, asthemia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: Portion Port								
	ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, il ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:								
	rise to the obove cause (A) stating the UNDERLYING CONDITION last. (C)								
	11	(C)	*****************************						
113	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)								
		DISEASE OR CONDITION GIVEN IN PART I (A),							
Chaire	WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Yos or No	ON CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?				
14.0	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bidg., INJURY OCCUR?								
1000	OF INJURY	JRY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
1	(APPROX) White At	Not While							
	22. I certify that (I) (this hospital) attended the de	ceosed fram	2/19	19 70 to 12	// 10 7/				
	that (1) (we) last sow the deceased alive an 19 and that In (my) (our) opinion death occurred on the date								
	and hour and from the causes stated above. (1) (We) (did not) view the body after death.								
	23A. SIGNATURE								
	Attending Degree Phys. Director Phys. 2/6/7/								
	23 C. PHTS CIAN'S WI 19 DEGREE 23 D. ADDRESS								
	Sohn H. Shaw M. D. DEGREE 5800 Enmown Som MUC. Kall min 11118								
24	44. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stoto)								
	Burial 12-10-1971 Loudor	Park Cemet	ery Bal	ltimore, Mar	vland				
	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF RE	GISTRAR	25C. FUNERAL DIRECTOR		ADDRESS				
VS	150-REV. 1/1/68	14000	Howard H. Hu	bard, 4107	Wilkens Ave. 21229				



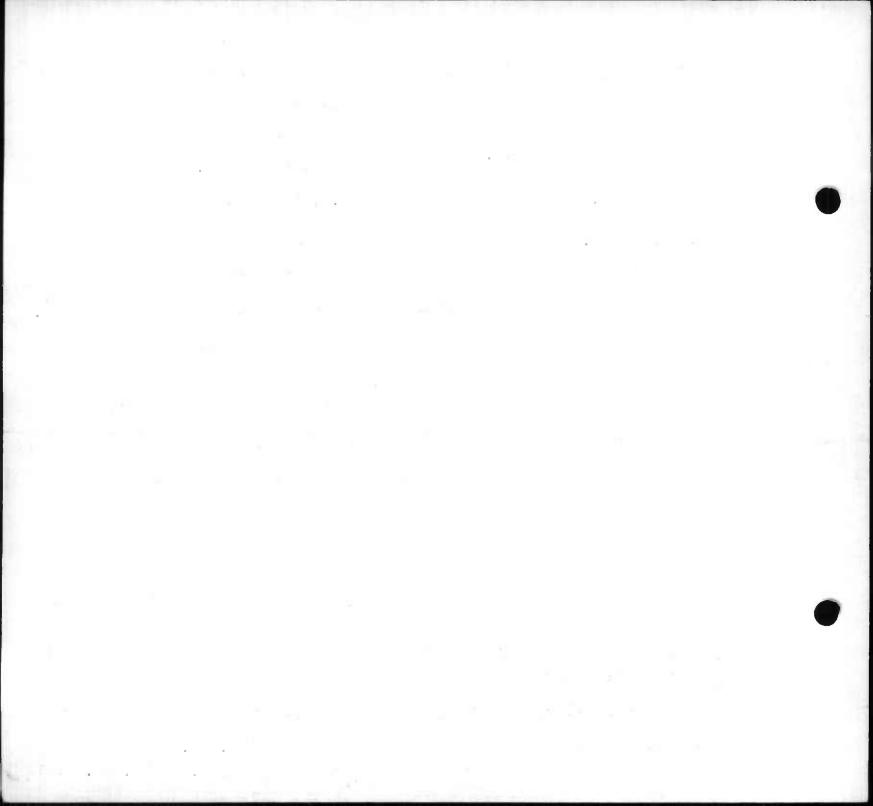
1	M-320 71 11518 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 11518
and eath ased the Such	bikin ivo.
	1. NAME OF DECEASED (Type or Peint) FLORENCE P. MATHIAS December 6, 1971
hospital ise of d (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived if institution: residence before original
se (5) i	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland
a hos cause se; (5) nadan to de	HOSPITAL OR ADDRESS OF LOCATION) INSTITUTION C. CITY OF TOWN D. INSIDE CITY LIMITS?
- 30	Baltimore YES X NO TEST STREET AND NUMBER
_ c u b.=	Baltimore, Maryland 21223 E. STREET AND NUMBER 527 S. Bentalou Street
ra en p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye., If Under 24 Hise
contributed to the contributed t	Female White WIDOWED DIVORCED 2-26-1921
404 - 94	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or nde s in	Housewife Maryland U.S.A.
rect or (4) Unc was the d	13. FATHER'S NAME
근걸 사는 모든 [John A. Smith Mary Howard
ind ind al	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
2 + C = C	No 213-54-2845 Mr. Norbert E. Mathias, Sr. 527 S. Bentalou St.
S S S S S S S S S S S S S S S S S S S	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also, his of a soun after med	LEADING TO DEATH (A)IMMEDIATE CAUSE Hypersussue Cardio vasc
50 - 5	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,
iner ract pula jula	injury or complication which caused death.)
E T T O O	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
(3) A in v	rise to the above cause (A) stating the
R	UNDERLYING CONDITION lost. (C)
DE SE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (AL)
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OF OPERATION 198 CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED
Chiet Body the pysicic	194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
he c (2) B (2) B re t phy fore	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A-ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID 10D 10D
ospital sture;: ospital st whe (6) No ned be	DEATH (notify medical examiner)
hospita nature; ept whe d (6) No	
a.d.o. n	(APPROX) While At Not While At Work
한	22. I certify that (I) (this hospital) attended the deceased from
	that (I) (we) lost saw the deceosed olive an Sept 19 7 ond that in (my) (aur) opinion death accurred on the date
dent of death) must be	ond hour ond fram the causes stated above. (I) (We) (did) (did not) view the body ofter death.
3 0	Attending Med. Staff (C)
- 0 H	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
was r 1) An a 1.A. at d prior	Justin Kudirka 2151 Wilkens Ave. Baltimore Md 21223
S P B	24A. FURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
body vs: (1) Vs: (1) D.O.A	Burial 12-10-1971 Lorraine Park Cemetery Woodlawn, Maryland
This certify the body shows: (1) was D.O.A deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
そのまのエー	DEC 13 1977 Policy Company O Howard H. Hubbard, 4107 Wilkens Ave. 21229
	/s 150-REV. 1/1/68

reflect of a few order EMPER TO ASLE .U. .. PERSONAL PROPERTY OF THE PROPE

	BALTIMORE CI	TY HEALTH DEPARTMENT 71 11519								
	71 11519 CERTIFIC	ATE OF DEATH REG. NO.								
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH								
	EDNA M. CASKEY	December 7, 1971								
Ш	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY								
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 285 4								
	St. Agnes Hospital	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES X NO								
	Late D	Baltimore YES X NO								
	Wilkens & Caton Avenues	245 East Medwick Garth								
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 24 Hrs. Months; Days Hours; Min.								
	Female White WIDOWED X DIVORCED	1 10-23-1892 70								
	10A. USUAL OCCUPATION (Give kind at work 10B, KIND OF BUSINESS OR INDUSTI done during mast of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
	Housewife 13. FATHER'S NAME	Maryland U.S.A.								
-11	W FAIRER 3 NAME	14. MOTHER'S MAIDEN NAME								
	Frank Belt S. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	Mary C. Synder								
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS								
	No 220-48-0829	Mrs. Catherine Stivers, 245 East Medwick Garth								
	DISEASE OF CONDITION DIRECTLY	TH APPROXIMATE INTERVAL BETWEEN QUISET AND DEATH								
	LEADING TO DEATH									
		S A CONSEQUENCE OF:								
	injury ar camplication which caused death.)									
	ANTECEDENT CAUSES									
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:								
	UNDERLYING CONDITION last. (C).									
	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTION									
- 11	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
\parallel	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED								
		IN CERTIFYING CAUSES OF DEATH?								
- 11	2 IN TEACE OF INJURITIES	in or obout 21C. WHERE DID (If In Boltimore City, give exact lacotion) office bidg., INJURY OCCUR?								
	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED									
	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While A1 Not Wh	21F. HOW DID INJURY OCCUR?								
	Work L. Al Worl									
	22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an	1 19960 12 7 1971								
		and that in (my) (aur) opinion death accurred an the date								
	and haur and from the causes stated above. (1) (We) (did) (did not)	view the bady after death.								
Attending for Med. Staff										
	23C.PHYSICIAN'S	23D. ADDRESS								
	John C. Pound	· ·								
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	3325 Frederick Avenue, Balto., Md. EMATORY 24D. LOCATION (City. town, or county) (Stote)								
	Burial 12-10-1971 Western Cemetery									
2	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS								
	DEC 13 1971 Vobert E. Jaber MD. 1	Howard H. Hubbard, 4107 Wilkens Ave. 21229								
V	S 150-REV. 1/1/68									

1314 3 UH Alle or ender the 1- 2 per 79 1. 16. 14:1 A STATE OF THE STA the result that the second e garger o termo efferontes o nel

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH pital and of death the Deceased Such 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 0 a hospital 3. PLACE IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence ance B. COUNTY etermined cause; (5) P cause Maryland HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR AODRESS OR LOCATIONS C. CITY OR TOWN attend 10 D. INSIDE CITY LIMITS? Baltimore YES-No prior e. contributing 6202 Burgess Ave. E. STREET AND NUMBER occurred Burgess Ave. regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years deceased is ma 7. MARRIED NEVER MARRIED If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Male Cauc. DIVORCED Sept.6, WIDOWED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) Ξ 0 (4) Und Germany Parts USA S 13. FATHER'S NAME the 4. MOTHER'S MAIDEN NAME 3 Luawig Treiber Louise Gross death 00 7 kind: 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMAN ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance No -03-5944Mrs Erna R Treiber 6202 Burgess any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, regular injury ar complication which caused death.) ANTECEDENT CAUSES 4 are DISEASES OR CONDITIONS, if any, giving OR AS A CONSEQUENCE OF 3 rise to the above cause (A) physician chief medical the remains UNDERLYING CONDITION last Was burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) any nature; (2) Body 19A. DATE OF OPERATION | 198. CONDITION FOR WHICH OPERATION the 20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED 8 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before the 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? (Il In Boltimore City, give exoct location) to the hospital °Z MEDICAL DEATH (notify medical examined) obtained 21D. TIME (Hour) (Month) (Doy) (Year) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) and Work At Work 22. I certify that (I) (this hospital) attended the deceased from pe that (I) (we) lost sow the deceased alive on... and that In (my) (out) opinion death occurred an the dote accident of hospital death) shows: (1) An arri: and hour and from the couses stated above. (1) (We) (did) (did nat) view the body ofter death, must 23A SIGNATURE 23 B, DATE SIGNED Attending | Med. Staff 0 approval Phys. Director 23CPHISICIANS 8 DEGREE deceased prior written approv 23D. ADDRESS at was D.O.A. 24A. BURIAL CREMATION, 246. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Cremation Greenmount Crematory Balto. 25A. DATE REC'D BY HEALTH DERT. 25C. FUNERAL DIRECTOR ADDRESS Balto. VS 150-REV. 1/1/68



7-432

D-520 N	MEDICAL EXAMIN	RE CITY HEA VER'S C			DEAT		1 11	521
BIRTH NO.				0, 11 = 01		REG. NO.		
	1.1.0	like	2. DATE OF DEATH	Known Z	Month 12	Doy 10	Year 71	Hour
4. PLACE IN BALTIMORE, MARYLA		- 11	3. DATE		Month	Day	Year	Ноит
FULL NAME OF (IF NOT IN HE ADDRESS OR INSTITUTION	DSPITAL OR INSTITUTION, GIVE ST LOCATION)			ESIDENCE (Where	12	10	71	7:38 a
2002 N.	Pulaski Street		A. STATE	ESIDERCE (Where	r decedeed in	B. COUNTY	n: residence d	5 Commission)
6. SEX 7. RACE	8. MARRIED NEVER N	AARRIED	C. CITY OF			D. INSIDE C	ITY LIMITS?	8
female Negro		VORCED 🔲	Bal			Y	ES 🗌	NO O
	GE (in years If Under 1 Yr. If Under	John 24 Hrs. Hours Min.	_,	O2 No. Pul	laski S	treet		
II. BIRTHPLACE Store of foreign coun	12. CITIZEN OF WHAT COUN		13. FATHER	'S NAME	no to	7 00)	
144 USUAL OCCUPATION (Give kind o	WANTED OF BUSINESS O	D INDUSTRY	MOTHE	D'S MAIDEN NA	ne	ceex	/	
dene during most of working life, even if re	Ired)	N II DOSINI	(X)		1			
16. WAS DECEASED EVER IN U.S. A	RMED FORCES? 17. SOCIA		18. UNFOR	MANE	100	// A	DORESS	
(Yes, no or unknown) (II yes, give wor or		ITY NO.	Thy	18019	3/20	Le con)
19. 3 4 4 9.		JSE OF DEATH	H	215	00-2			ROXIMATE INTERVAL
DISEASE OR CONDITION	DIRECTLY						BETW	EEN ONSET AND DEA
LEADING TO DEAT	H	IMMEDIATE CA	USE	Epilepsy				
(This does not mean the mode heart follure, osthenia, etc. it mea	of dying, e.g., ns the discose,	DUE TO, OR AS		UENCE OF:				
injury or complication which cous	ed deoth.)							
ANTECEDENT CAUSI								
RISE TO THE ABOVE CAUSE (A	ANY, GIVING) STATING THE	DUE TO, OR AS	S A CONSE	QUENCE OF:				
TINDEDIVING CONDITION I	(c).						200	
11								
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 204. DATE OF OPERATION 208.	D TO THE TERMINAL							
DISEASE OR CONDITION GIVEN 20A. DATE OF OPERATION 20B.	CONDITION FOR WHICH ORE	DATION! WAS	DEDECAN	I.D.				
0 2	COMDINON FOR WINCH OF	KAIION WAS	PEKFORN	IED .			101-00	SY? (Yes or No)
₹ 22A. EXTERNAL CAUSE WAS	228 PLACE OF II	NILIRV(e.c., In	or chout! 2	2C. WHERE DID (if to Rollings	Cibe abea and	yes	
UNDERLYING OR CONTRIB-	home, farm, factor	y, street, office b	bldg., elc.) II	UURY OCCUR?	a ni banimor	e City, give exc	ici rocanon)	
220. TIME (Month) (Dov)	(Year) (Hour) 22E.INJURY C	DCCURRED	2	2F. HOW DID INJ	URY OCCU	R?		
OF INJURY (APPROX.)	MHILE AT WORK	NOTW	HILE			•••		
23.	m. WORK	AT WO	KK []					-
I certify that I held an	Inquiry Inspection	n Auto	psy XXX	and that on th	is basis,	death in my	opinion	
resulted from: Notural	causes Accident	Sulcide	☐ He	micide 🗌 L	Jndetermin	ed manner [
J	11 1177		(CHIEF MEDICAL E	XAMINER			
ACTUAL SIGNATURE	, ao nu	LA M.D.	ASSI	STANT MEDICAL E	XAMINER >	xx		DATE SIGNED
	Lipkovic, M.D.	U	ASSO	CIATE MEDICAL E	XAMINER		12	/10/71
24A. BURIAL CREMATION, 24B. DA	TE. 24C. NAME of	CEMETERY	CREMATO	RY) 24D. L	OCATION	(City, town	, or county)	/ (Stote)
Burel 12	1471 ml	- /la	luce	1	Seet	-	21	
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTI	RAR	25C. F	UNERAL DIRECTO		A	DDRESS	
DEC 13 1071 2	20570		1	lething	Sp	Mun.	ES	2011/m
/S 151-REV. 1/1/68	North Name & Grade Marie P. C. D.			2302	-	ma a	7	4/16/2

1 District)-500 71 11	CERTIFICA	TE OF DEATH REG. NO.	71 11522
1.1	RTH NO. NAME OF DECEASED (Pe or Print) DEAN BY		2. DATE AND HOUR OF DE DE CEMBER 6,	
3.	PLACE IN BALTIMORE, MARYLAND,		4. USUAL RESIDENCE IWhere deceosed lived.	Il institution; residence below admirsion
FU		PITAL OR INSTITUTION, GIVE STREET CATION)	MARYLAND BALTIMO	A CONTRACTOR OF THE PARTY OF TH
100		S HOSPITAL	E. STREET AND NUMBER	YES NO X
L			1308 Poplar Avenue	
M	SEX 6. RACE WHITE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 75	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.
don	USUAL OCCUPATION (Give kind of wind of wind of working life, even if refired RETIRED CLERK	RAILROAD	11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTR
100	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
18	J. H. DEAN Was Decessed Ever in U. S. Armed F		AND A PLANTAGE AND A PARTIE AND	KATHERINE POLLING
(Ye	s, no of unknown) Uf yes, give wor of do	oles of service) 16. SOCIAL SECURITY NO. 705-09-2884 CAUSE OF DEAT		Poplar Ave. 21227 RECORDS
	(This does not mean the mode of heart failure, asthenia, etc. It mean injury at complication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (AUNDERLYING CONDITION last.	es (B) The any, giving OUE TO, OR AS		0 //
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL ART 1 (A).		Cecum
ERTIFIC		PNDITION FOR WHICH OPERATION ERFORMED	YES IN CERTIFYING	CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21& PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID (If in Bo	timore City, give exact lacation)
MED	21D. TIME 1Month) (Doy) (Year OF INJURY 1APPROX.)	t) (Hour) 21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	
		sed olive on DE CEMBER 6		ECEMBER 6 19 71 opinian death occurred on the date
1	and haur and fram the causes st	ated obove. (I) (We) (did) (did not) v		23B, DATE SIGNED
	23A. SIGNATURE Pufulo	Walarav Atte	neing Med. Staff	
	23C. PHYSICIAN'S NAME (Type)	States Bly	Director Phys. XX	
244	23C. PHYSICIAN'S NAME (Type) PERFECT	O VALARAO, M.D. DEGREE	Director Phys. KX 23D. ADDRESS BALTIMORE, MAR ST. AGNES HOSPITAL; C	ATON & WILKENS AV
	23C.PHYSICIAN'S NAME (Type) PERFECT A. BURIAL CREMATION, 24R. DATE REMOVAL (Specify)	O VALARAO M.D. DEGREE	Director Phys. KX 23D. ADDRESS BALTIMURE, MAR ST. AGNES HOSPITAL; C	ATON & WILKENS AV
	23C.PHYSICIAM'S NAME (Type) PERFECT A. SURIAL CREMATION, REMOVAL (Specify) Burial 12-9- D. DATE REC'D BY HEALTH DERT.	O VALARAO, M.D. DEGREE	Director Phys. KX 23D. ADDRESS BALTIMURE, MAR ST. AGNES HOSPITAL; C	City, town, or countyl State) 1vd. Howard Co., Md. ADDRESS

TARYS SERVICE SERVICE SALVEN

P SUSTRIAL SAME SAME STORY

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. A. 7. 1 DAY 1 W GARRIER 20 25 155

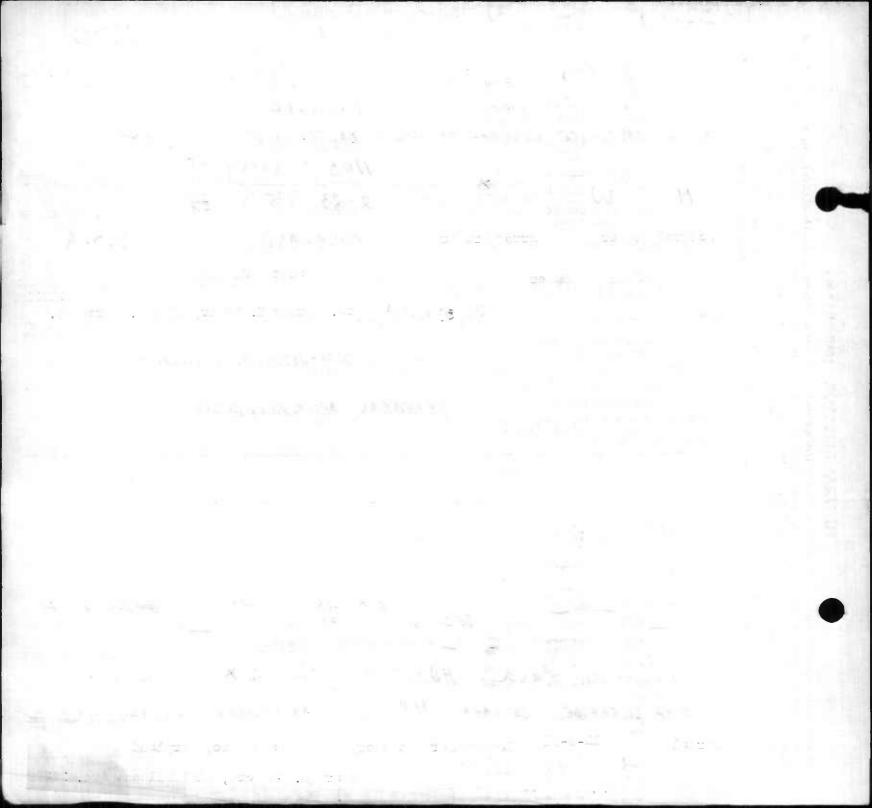
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9 design 12 Se designation 9

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Б	1/1/)				BALTIMORE (CITY H	EALTH	DEPARTA	MENT					
1	7-164	71	1152	3		CERTIFIC	CAT	EO	F DEA	HTA	REG	. NO	71 :	11593	
	TH NO.	EASED	يال بالدعاد	,0							D HOUR O		7 2	一年のたび	
(Ту	pe or Print)	HILA	ED.	511	1106				2.	6		1911		A Com	D
3.	PLACE IN BAL	TIMORE, MA	RYLAND, WH	ERE PRO	NOUN CEI	DEAD	1	USU/	AL RESIDEN	LE (When	re deceased	lived. If in	nstitution:	residence before ad	missian)
FU HC	LL NAME OF DSPITAL OR STITUTION	(IF NOT	IN HOSPITAL	L OR IN	STITUTION	, GIVE STREET	1		PRYLA	ND		In INS	IDE CITY	2/0	2
1	SOUTH	BALTII	HORE	GENI	PAL	HOSPITA	3 4	BI		tor e	5		YES 1/2	_	
7	+3							110	ET AND NO	· CA	REY	ST.			
5. 5	EX	6. RACE	7	· MARR	ED NE	VER MARRIED	8.	DATE	OF BIRTH	1	9. AGE Un	years	If Und	er 1 Yr. If Under Days Hours	
	M	1 h		WIDOV		DIVORCED	٦L	2 -	23 -1	1895	9. AGE Un lost birthdoy	XXX	Months	Days Hours	Min.
104	USUAL OCC	UPATION (Give	kind of work 1	OB. KIND	OF BUSII	NESS OR INDUS	STRY 11	BIRTH	IPLACE (Sto	ote or forei	gn country)	A.A	12. CIT	ZEN OF WHAT CO	OUNTRY?
	Retired	-	en il renrea)	Arro	w Bre	T.70 2017		41	uniii	1.11				11 6 1	
	FATHER'S NA			ZILL	M DIE	wely	14	MOT	HER'S MAI	DEN NA	ME		_1	V.O.A	-
										rie		4			
15.	Was Deceased	John Ever in U. S	Armed Force	12	11 6, 50	OCIAL	17	INFO	RMANT	TTE	Schul	LZ		ADDRESS	
(Ya:	s, no or unknown	(II yes, give	war or dotes	of servi		ECURITY NO.								2	1223
1	Vo				1 1 1 1	-63 1368	-/1	Mrs	s. Myr	tle I	. Hube	r, 11	.03 S.	Carey St	
	18. 43 DISEAS		OITION DIRE	CTLY		CAUSE OF DE	EATH						,	APPROXIMATE INT	
	491.	LEADING T				(A)IMMEDIATE	CAUSE	5	TAPHU	10000	CAL SE	PTICE	MIA		
	heart failure,	asthenia, etc	mode of d the means the children is the means of the children is the means of the children is the means of the children is the	he dise	ise,	DUE TO, OR		ONSEC						*****************	
		ANTECEDEN				arne	000		A 20 m mm		and the state of				
			ONS, if an	w. eis	ina	(B) UE TO, OR	Q/G1	CONSE			ERES	13			
	rise to the	above c	guse (A) s	lating	the	(c)			dorner o						
CERTIFICATION	OTHER SIGNIF	H BUT NOTRE	LATED TO THE	TERMIN	IG AL										
IC.	19A. DATE OF		19% CONDI	TION FO	OR WHICH	OPERATION		20A. A	UTOPSY? (Y	es or No	208. IF YE	S. WERE	FINDINGS	CONSIDERED	
ERTIF	0		WAS PERFO	RMED							IN CERTIF	TING CA	USES OF	DEATH?	
MEDICAL C	OR CONTRIBU DEATH (notify	ITING CAU	ISE OF	- 1	home, fam etc.)	E OF INJURY (e.	.g., in a	bldg.,	21 C. WHER	E DID	1 11)	n Baltimar	e City, giv	ve exact lacation)	
ED	21 D. TIME OF INJURY	(Month) (D	oy) (Year)	(Hour)	21E INJUI	RY OCCURRED			21 F. HOW	DID INJU	JRY OCCUR	17			
\$	(APPROX.)				While At	Not V	While	7							
	22. I certify	that (1) (thi	s hospital)	net en de			C.	135	20	1	0-27		Rent	Dê'C	7 1
	that (I) (we)					EC. W		19	71		9 7 10	our) oal	nion dec	th occurred on the	
	-				•	(did) (did not	سماید (ه					out/ opti	mon dea	in occurred on th	ne dote
	23A. SIGNATU			- 45076	11/110/	(010) (010 1181	i/ viev	/ The C	ody direr	death.			122 DA1	TE SIGNED	
		10	1 -4			LA .	Attendi	פי בי	Med.		Stoff [2]				
	23C. PHYSICIA	N'S	a a	ano	1	17 LOEGREE	Phys.	· ADDI	Directo	or L. I	Phys.		14	-6-71	
	NAME (T	ype)		Δ	1000	L.A) .		la .						
24A	NORA	LICER MATION 1245	DATE	() B	LARA	DEG CEASTERY OF		Sou	711 01		MARE	65	NBRA	to Haspi	The
	REMOVAL (S	pecify)	12_0_71	240		CEMETERY of				The state of the s	CATION	(C)	ry, town, o	or county) (5	tate)
	urial		12-9-71			Park Ce	emet				timore	, Mar	yland		
25A	DATE REC'D	TO THEALTH	The a f	SB. NAN	F OF LEG	STRAR		1	UNERAL D					ADDRESS	
	NFP TA	1316	TO COLUMN			-		How	ard H.	Hub	bard,	4107	Wilke	ns Ave. 2]	229
A2	150-REV. 1/1/6	0.5		1 3	1	1 ()	1	1 6	1 3	3	.4				



IMPORTANT FUNERAL DIRECTOR:

Such a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the prior to death. occurred in was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made. or his assistant if death approved by the chief medical examiner This certificate must be

VS 150-REV. 1/1/68

1			BALTIMORE CITY	HEALTH DEPART	MENT		1=1 A			
BIRTH NO.	071 1152	24	CERTIFICA	TE OF DE	ATH	REG. NO	11	11524	- 4	
1. NAME OF DEC	EASED			2.	DATE AN	D HOUR OF DEATH				
	JULIUSJ		GUDE			ember 5, 1		300	CM	
3. PLACE IN BAL	TIMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	A. STATE	B. COUN	re deceased lived, IT	in s litulion:	residence before	odmission)	
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland				015	8 -	
ноптитги				C. CITY OR TOWN		D. IN:	SIDE CITY		1	
40	St. Agnes I	lo s pital	L	Baltimon			YES 🛚] NO [
7	Wilkens & (Caton Av	enues		PARKSI	EY AVENUE				
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	II Und	der I Yr. If Un s Doys Hours	der 24 Hrs.	
Male	White	WIDOWED	DIVORCED	4-22-190)5	66	Month	S Doys Hours	Min.	
IOA. USUAL OCCU	JPATION (Give kind of working life, even it refired)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI	ole or lore	gn country)	12. CI	TIZEN OF WHAT	COUNTRY	
Dispatche		alto. G	as & Elec. Co	Mary	land			U.S.A.		
13. FATHER'S NA				14. MOTHER'S MA		ME				
John	H. Gude			Minn	ie Hag	ner				
5. Wos Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	ro Has	PILOT.		ADDRESS		
No	(If yes, give wor at dote	s of service)	216-05-4873		ys M.	Gude, 1006	₂ Pa rk	sley Ave	. 2122	
18.	7.7		CAUSE OF DEATH	1				APPROXIMATE		
	E OR CONDITION DI	RECTLY	acute Coron	any anter	~ 0	colinaran		BETWEEN ONSET	AND DEATH	
	LEADING TO DEATH (A) IMMEDIATE CAUSE									
heart failure,	heart failure, asthenia, etc. It means the disease,									
			Arter	oxlenation	Con	de Vusc. a	1			
	ANTECEDENT CAUSES								*******	
rise lo lhe	R CONDITIONS, if	any, giving stating the	DUE IO, OK AS	A CONSEQUENCE O	DF:					
UNDERLYING	CONDITION last.	7/1	(C)							
Z	11									
TO THE DEAT	ICANT CONDITIONS CO	HE TERMINAL						1		
DISEASE OR CO	OPERATION 198 CON	DITION FOR	WHICH OPERATION	(20 A. AUTOPSY?	Yes or No	208 IF YES WERE	FINDING	CONSIDERED	**********	
19A-DATE OF	WAS PER	FORMED		N		10 CERTIFYING CA	USES OF	DEATH?		
OR CONTRIBUTE	TING CAUSE OF	218	PLACE OF INJURY (e.g., in	or about 21 C. WHE	RE DID	(If In Baltimo	re City, g	ive exoct location)	-	
DEATH Inotify	medical examiner	elc	le, torm, toctory, street, off	ice bidg., INJURY O	CCUR					
O 21 D. TIME	(Month) (Doy) (Year)	(Houd 21E	INJURY OCCURRED	21F. HOW	ונאו פופ	URY O CCUR?				
OF INJURY			le At Not While							
22 1 contify	that (1) (this hospital	World Alab		2205 17		-/-7	()		701	
1	last saw the decease		ne deceased fram	19 7/		96/10		/	9_	
			> /III > / 10 II / 10 A			at In(my) (oor) ap	1 - 1	1 11		
23A. SIGNATU		ed abave. (I) (We) (did) (did nat) vi	ew the bady afte	r death.	Cleared	c nu	die of Epam	i	
C.	Same	11/1	Atter	ding Med.		Stoff [7 1	
23C. PHYSICIA	- // / // // // // // // // // // // //	X XIII	DEGREE Phys.	Direct	lor 📙	Staff Phys.		12-6-	//	
NAME (Ty	Harry T	. Knip	. /	4116 Edma	ndson	Avenue, Ba	11to	ма		
DAA, RIIRIAL COEA			DEGREE							
	MATION, 24B, DATE		AME of CEMETERY of CRE	MATORY	24D. LO	CATION (C	ily, town,	or county)	(Stote)	
Burial	12-9-19		don Park Cemet			timore, Mar	ry lan			
4 6	1971 Pallan	25B-NAME C	FREGUTRAR	25C. FUNERAL				ADDRESS		
DEC 13	1971 Malleus	7	103	Howard F	I. Hub	bard, 4107	Wilk	ens Ave.	21229	

Loudon Park Cemetery Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS Hubbard, 4107 Wilkens Ave. 21229 Howard H.

501 STOTION IN WILL ARE LIKE THE REPORT OF THE STORY and progress to a growing for a set of the desired and the CONTROL OF THE PROPERTY OF THE

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

	B-6	36	Pro A	11.00	~	BALTIMORE CITY			TREG. NO.	1 11	L525	
	BIRTH NO.	00	/1	1152	5	CERTIFICA	TE OI	DEATH	REG. NO		-0.0	<u></u>
	1. NAME OF (Type or Print)		5 A F (a)						ND HOUR OF DEATH	-		→
	2 BLACE IN		Y E. BE		D. 10 111 0		II de Hemai	12-9		PM-		M.
	3. PEACE IN	BALIMORE	MARYLAND	, WHERE PR	אטטאנ	ED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A, STATE B: COUNTY					
	FULL NAME HOSPITAL O INSTITUTION	OF (IF	DDRESS OR L	PITAL OR IN	omutina	N, GIVE STREET	c, CITY O			SIDE CITY		10
	9 NOR	TH CH	HARLES	TEN.	HOSY	P -	11 6	4 BURNIE		YES [NO NO	
1	NOR	2 47	HARLES	ST.	BAL	TIMORES MO		FURNACE	BRANCH	RD., A	I.W. GLENBUR	
	S. SEX	6. RAC				NEVER MARRIED	8. DATE O		9. AGE (In years			
	t	V	HITE	WIDON	VED	DIVORCED		79-02	last birthdayl 69	Months	er 1 % If Under 24 Hr Doys Hours Min.	
	done during mo	CCUPATIO	N (Give kind of life, even if retire	work 10B, KIN	OF BUS	SINESS OR INDUSTRY	11. BIRTH	LACE State or for	eign country)	12. CIT	ZEN OF WHAT COUNTS	RY?
	HOUSEWIFE							MD. U.S.A.				
	13. FATHER'S						14. MOTH	ER'S MAIDEN NA	ME			
	MIL	LIAM!	D. HOBE	35			Can	rrie G.	Gartrell			
	(Yes, no or unki	own) (If yes	U. S. Armed , give wer or	Forces? lotes of servi	ce) 16.	SOCIAL SECURITY NO.	17. INFOR	TIAN			ADDRESS	_
	No					- EUROPE - 2017 - 2017	Theo	dore L.	Bertier	(sam	ne)	
	18./3	3	<u>1</u>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	TH.				
	DI		CONDITION NG TO DEA				ONE	PCINIONA	TOSIC			
	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,										I WKS-	
	injury or	injury or complication which caused death.)										
		ANTEC	EDENT CAU	SES		SIGI	MOID	CYB	CINOMA			
	DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUENCE OF:											
			DITION last.	rd sidiling	me	(c)			************************		***************************************	
	7		11									-
	E ITO THE D	EATH BUT N	ONDITIONS OT RELATED T	O THE TERMIN	NG IAL							
	19A DATE		TION 198 C	ONDITION F	OR WHIC	H OPERATION	20A. AI	JTOPSY? (Yes or N	o) 20 B. IF YES, WERE IN CERTIFYING C	FINDING	CONSIDERED	_
	12	-9-7		ERFORMED .	-Jaua	4DICE			IN CERTIFYING C.	AUSES OF	DEATH?	
	OR CONT	IDENT WAS RIBUTING Configuration	CAUSE OF	3 🗆	118, PLA home, lo	CE OF INJURY (e.g., i	n or about 2 lice bldg., I	IC. WHERE DID	(il In Boltime	ore City, gl	ve exoct location)	
	0 21D. TIME) (Doy) (Ye	on (Houn)	116	URY OCCURRED		1F. HOW DID IN	Illay Acallan			_
	OF INJUR	Y		VII (1.100II)	While A	Not While	• [II. HOW DID IN.	SURT OCCUR:			
		16. 41-4 (1	\ /all = 1 = = 1		TTOIK	AT WORK		<u> </u>				_
) (this nospi ow the dece			eceased from				12-	9 19 71	_
	1					e) (did) (did not) v				Inlan dec	th occurred on the do	te
	23A. SIGN	ATURE					lew the be	dy after death.		23B. DA	TE SIGNED	
	U	arec	w A	repo	an.	Atte	nding	Med. Director	Staff Phys.		-9-71	
	23C.PHYS	CIANS					23D. ADDRI		Phys. CE	1 -	17/	_
		E (Type) ZC(SO	A. DE	BORN	A .	M-D-DEGREE	NO R	TH CHARL	ES GEN	MOSP	BALTO, UD.	,
-	24A. BURIAL		L 24B DATE			of CEMETERY of CRE	MATORY	24D. L		ity, lown,	/	-
	Buria		12/13	3/71	Mead	owridge M	em. F	ark	Howard Co	M.	במפלייים	,
	2SA. DATE RE	C'D BY HE	LTH DEPT.	258 NAA	AE OF RE	GISTRAR		NERAL DIRECTO	R CHAIL CO	9 191	ADDRESS	_
-	UEU.	13 13/	Valle	BE. Ja	Ben,	Y.D.	Geo	rge J.G	once. 4001	Rit	chie Hewy	-
	VS 150-REV.	/1/68		1 3	3		1	3 0 1				_

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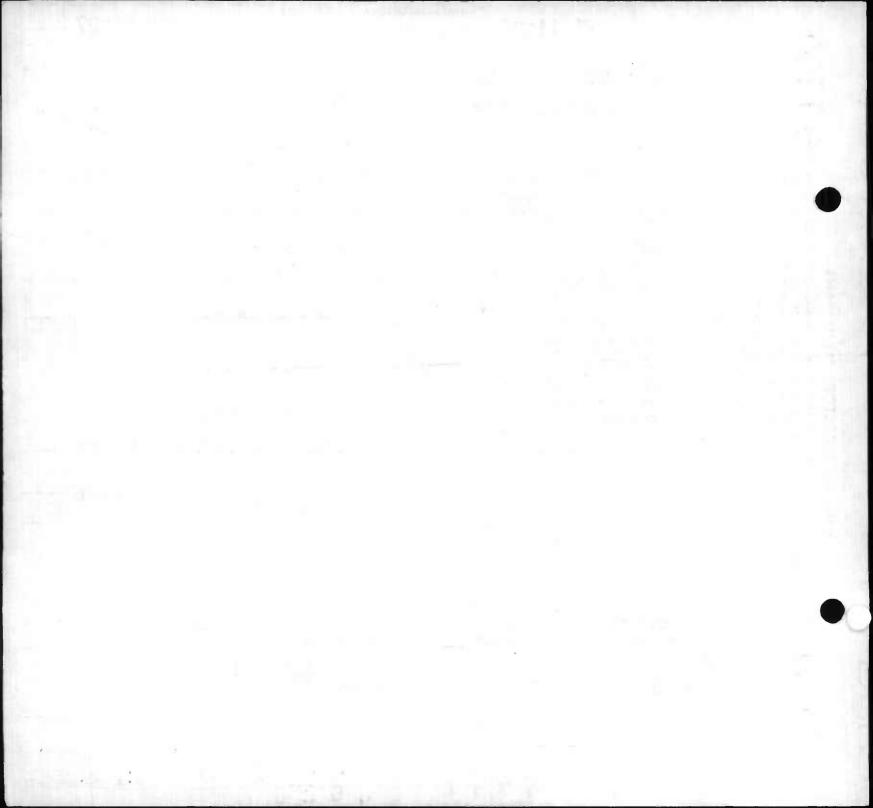
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

	BALTIMORE CITY HEALTH DEPARTMENT 71 11526 CERTIFICATE OF DEATH REG. NO. 71 11526									
	BIRTH NO. /L 11560	CLKTITICA								
	(Type or Print) David W. Barton Sr.			ND HOUR OF DEATH	4.15 P.M.					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (Whe	ere deceased tived. If ins	M. titution: residence before admission)					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	, GIVE STREET	Maryland	Baltimo						
	Keswick Home for Incurables		Rux ton	D. INSID	DE CITY LIMITS?					
	Baltimore City	7	E. STREET AND NUMBER		YES NO.					
de.	11		7605 Curvin	g Lane						
mac	5. SEX 6. RACE 7. MARRIED X NI	VER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months! Doys Hours Min.					
S	Make W WIDOWED	DIVORCED	4-8-90	ol vrs o	105.					
	IOA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSII done during most of working life, even if refired)		11. BIRTHPLA CE (State or face	ign country)	12. CITIZEN OF WHAT COUNTRY?					
Ĕ	Pres. Barton & Gillet Company	y	Baltimore,	Ma.	USA					
disposition	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME						
15	Randolph Barton		Agnes Kirkl	and						
5	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) 5.	OCIAL ECURITY NO.	17. INFORMANT		ADDRESS					
fine	Yes WWI 216	-01-6303	Mrs. Sally	G. Barton	(Same)					
0	18. 4 3 9	CAUSE OF DEATH	1		APPROXIMATE INTERVAL					
0	DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH						
E	LEADING TO DEATH	(A)IMMEDIATE CAU	SE TURUMUNIC	L)	5 days					
palm	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:							
e B	injury at complication which caused death.)		0 1 1	1 / 4						
	ANTECEDENT CAUSES	(B)	(Gregra)	the rosch	1517 5 ALZ					
gre	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:							
13	UNDERLYING CONDITION last.	2448								
remains	z									
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
9	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES WERE FIL	NDINGS CONSIDERED					
0	WAS PERFORMED		no	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?					
Detore the		E OF INJURY (e.g., in , foctory, street, off	or about 21C, WHERE DID ice bldg, INJURY OCCUR?	(II In Baltimore	City, give exact location)					
Denib		RY OCCURRED	21F. HOW DID INJ	URY OCCUR?						
	(APPROX.) While At Work	Not While								
001	22. I certify that (I) (this haspital) attended the dec	eased from	1390	19 6 1 to 9	Lec- 19 71					
0	that (1) (we) ast saw the deceased alive an	Dec	O I		an death accurred an the date					
0 15	and haur and from the causes stated above (1) (We)	(did) (did nat) vi			an areas cooling on the gale					
must	E3A. SIGNATURE	1	/]2	23B, DATE ŞIGNED					
	lukux D. Kuhardon	Cle Do France Phys.	ding Med.	Shaff Phys.	9 000 1971					
approvai	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS							
d	Aubury D. Richardson M.D.	DEGREE	Keswick Med:	ical Dinact	7.0.70					
		CEMETERY of CRE	MATORY 24D. LO		town, or county) (State)					
Litten	D 1 2	nomas Ce	metery Gan	nnigan Dee	16 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Ē	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	STRAR	25C. FUNERAL DIRECTOR	rrison Fore	ADDRESS					
3	MEC 13 1971 Vale A E. Janbel A	(D. O. O.	H.W. Jenking	Sons Cons	4905 York Rd.					
100	VS 150-REV. 1/1/68									

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

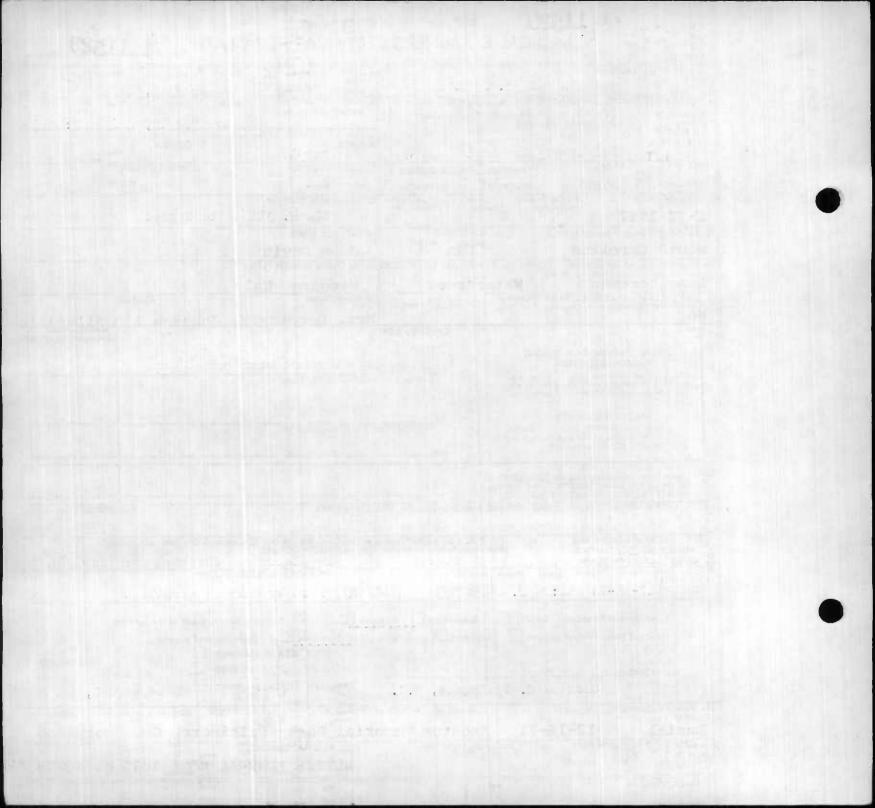
	1 10	,				BALTIMORE	CITY HE	ALTH D	EPARTMENT				A 1 00 101	
BIR	1-536 TH NO.		71 :	1152	7	CERTIFI	CATE	OF			REG. NO	71	11527	
	AME OF DECI	ANDRE	WS.	JAM	155	E.			J	Du	HOUR OF DEATH		7-	28 pm.
3. 1	PLACE IN BALT	IMORE, MAI	YLAND,	WHERE PRO	NOUNCE	DEAD	A.	STATE	RESIDENCE (W		deceosed lived. Il in	stitution:	residence belore	odm/ssion)
FU! HO	LL NAME OF	(IF NOT ADDRES	N HOSP	ITAL OR INS	птипом	, GIVE STREET	c.	CITY OR	TOWN		D. INSI	DE CITY I	LIMITS?	15
2	500	0	1	/	10	PAITA		Crr	2 Key	10-	2/2/0	YES 🔽	NO]
	Chu	ich p	UM	V		June	ξ,	STREET	5 Has	r nil	ll Rosa	, 4	pt. K	
5. \$	EX //	6. RACE		7- MARRI	ED LA NI	EVER MARRIED	8. [ATE OF	BIRTH	9. la	AGE (In years	Il Und	Days Hours	der 24 Hrs. Min.
	71	W		WIDOW		DIVORCED	-	8	16/09		42			
	. USUAL OCCU a during most of v				OF BUSI	NESS OR INDU	STRY 11.	BIRTHPL	ACE (State of	foreign	n country)	12, CIT	IZEN OF WHAT	COUNTRY?
	Super			Mu	Revi	ON HEA	Dectin	,	MD)			4.86	7
13.	FATHER'S NAM	AE .	0	1	,		14.	MOTHE	R'S MAIDEN	MAM	E			
		James	6.4	neren	x				Cn	n	na			_
15. (Yes	Was Decessed Line or unknowni	Ever in U. S. (If yes, give	Armed F war ar do	orces? Nos of Servic	el 16.5	OCIAL ECURITY NO.	17.	INFORM	ANT				ADDRESS	
	yes	W.	NI	7	214	4-07-71	64/	urc	ha a	nd	run	Sn	me	
	18. Laf 1 0	9,41				CAUSE OF D	HTAS						APPROXIMATE	INTERVAL
		PRECTLY				61	1 %		arrhage		2.6 d			
	(This does n	LEADING TO			L.C.	(A) MMEDIAT	E CAUSE	NSEOIN		m	arriage		200	ay
	heart failure, injury or com	asthenia, etc	It mear	the disec	50,	DOE 10, 0	// M3 M C/	Macan	INCE OUT					U
		INTECEDEN'					ASO	NO					andy	4.
	DISEASES O		Mary Let		ina	DUE TO, C	OR AS A C	ONSEQU	ENCE OF:					.42-22-20-0
	rise to the	above co	use (A			(0)								
	ONDERLING	COMBINO	4 1025			(C)								
NO	OTHER SIGNIF	III ICANT CONDI	TIÒNS C	ONTRIBUTIN	IG									
ATI	TO THE DEAT	H BUT NOT RE DNDITION GI	LATED TO VEN IN P	THE TERMIN	AL									
CERTIFICATION	19A. DATE OF	OPERATION	WAS PI	ERFORMED					Jes or		208. IF YES, WERE IN CERTIFYING CA	FINDING: USES OF	S CONSIDERED DEATH?	
	21 A. A. C. CIDEN OR CONTRIBU	IT WAS UND	ERLYING SE OF		21 B. PLAC	E OF INJURY	le.g., in or	obout 21 bldg., IN	JURY OCCUR	3	(If In Baltimor	e City, gi	ve exact location)
MEDICAL	DEATH Inotify	medical exam	ined		etc.)									
NED!	OF INJURY	1Months 1D	y) (Yeo	t) (Houd		RY OCCURRE		21	F. HOW DID	חואו	RY OCCUR?			
2	(APPROXI				While At Wark		While C							
	22. I certify	that (1) (thi	hospit	al) attende	d the de	ceased from	h	n/-	15	19	2/ ta /	lec.	//	19_7/_
	that (I) (we)	last saw th	e decea	sed alive o	m_Q	2.11		19	2./and	l that	in(my) (aur) api	nian de	oth accurred o	on the date
	and hour and	from the co	uses si	tated above	. (1) (We	(did) (did r	not) view	the ba	dy after deat	th.	-			
	23A. SIGNATU	RE	0	_									TE SIGNED	
	1 /L	pmas	lo	/	M.	DEGREE	Attendir Phys.	a 🗌	Med. Director) P	haff hys.	6	He.11,	1971
	NAME IT	ype) GE	MM	1 1	2. 5	TN DOCE	25/10	ADDRE	The	u	el Itom	K X	Arsp.	
24/	BURIAL CRE	MATION, 246	DATE	240	. NAME	of CEMETERY	or CREMA	TORY	240). LO	CATION (C	ty, town,	or countyl	(Statel
F	REMOVAL (pecny/	12-1	45 <u>T</u>	Gnoo	nlawn			-	C	ambridge.			Md.
-		BY HEALTH		258. NAA	AE OF RE	GISTRAR		7.7	NERAL DIREC	TOR		~ ~	ADDRESS	1100
	DEC13	1971	labas	& C. Va.	Sey 14	, D.		Н.	1905e	You	ins & Son rk Road B	salto	Md.	21212
VS	150-REV. 1/1/	68		7	/ 1	UD		1		4			3. 950 5.00	



1	11/1-2/5() /1 11/200	HEALTH DEPARTMENT 71 11528
and used the	I DIKITI 140.	TE OF DEATH
de de ced	1. NAME OF DECEASED ISTAH (Type or Pant) Tosiah Edmund McKim	2. DATE AND HOUR OF DEATH 12-12-71 24.35 A.M.
hosp use (5) and dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 12-17-71	4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS?
	49	Baltimore YES NO
D.E 0 0 E	Nicharles General Hospital	2522 Druid Hill Ave
rik nin gol	Male Negro WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years 11 Under 1 Yr. 11 Under 24 Hrs. Months Doys Hours Min.
B r D	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) Printer. U. S. Grovern ment	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? M.D. 24. S.
if dect of was was the diposition		14. MOTHER'S MAIDEN NAME
if i	John S. McKim 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO.	Ahnie Dixon
al al		17. INFORMANT 205-27 ADDRESS AVENUE
assissing k	No 2/4-24-1939	Mr. Rueben S. McKim St. Albons, N. Y.
his so, i of an unce	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
er. Al cture prono lar at	IThis does not meon the made of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which caused death.)	CONSEQUENCE OF:
A fra Who regu	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving (8) DUE TO, OR AS 7	realie tumor a melastoria
S a S a	ise to the above cause (A) stoling the UNDERLYING CONDITION last. (c) walk	mtitim Dhydratin
medical hedical burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
Body the ysici	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WAS THE WAS DEFINED WAS DEFIN	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by the pital by ure; (2) where d before	OP CONTRIBUTING CAUSE OF	at about 21 C. WHERE DID (If in Balilmare City, give exact lacation) ce bldg., INJURY OCCUR?
hos hos natu	DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Yeer) (Hand) 21D.TIME (Month) (Doy) (Yeer) (Hand) 21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?
pro the ny an	22. I certify that (1) (this hospital) attended the deceased from	10/25 197/ to 12/12 197/
004-00	that (1) (we) last saw the deceased alive an 12/12/	19 7/ and that in(my) (aur) apinion death accurred on the date
be nt pit	and haur and from the causes stated above. (1) (We) (did) (did nat) vi	N V V
must eleas ccide ccide a hos to da	Maria 4. Our M. Decare Atten	ding Med. Shoff 238, DATE SIGNED
certificate must body was releas vs: (1) An accide D.O.A. at a hos ased prior to de ren approval mu	MAPIA Y. QUE 14.2	North Charles Gen. Hognital
TA COB	24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREATER	(city, ionity) (cities)
ws: D.G. D.G. Fren	Burial 12-16-71 Mt. Auburn Cer	
This certif the body shows: (1) was D.O./ deceased written appropriate	DEC 14 1971 Robert E. Jaken, M.D.	NUTTER FUNERAL HOME 3035 W. NORTH AVE.
	V\$ 150-REV. 1/1/68	

-	1-52	5	MED	ICAL	EXAMINER'S			OF [DEATH	5/4	11	529
	RTH NO.									KEG. NOL	- Contraction	
	Pe or Print)	EASED	COLUMB	US A.	JOHNSON	2. DATE OF DEATH	Known [Month Decemb	Doy er 11.	Yeor 1971	Hnur
4.	PLACE IN BAL	TIMORE, M	ARYLAND, Y	HERE PRO	ONOUNCED DEAD	3. DATE			Month	Doy	Yeor	Hour M.
	LL NAME OF	(IF NO	OT IN HOSPITA	L OR INSTI	TUTION, GIVE STREET	PRON	OUNCED DEA	ID	D	11	1071	10.06
	SPITAL	ADDI	(E22 OK LOCA	IION)		5 HSHAI	DECIDENCE ((Whose d	Decemb		1971	12:06 A M. before odmission)
	38	Uni	versity	Hosp	ital (DOA)	A. STATE	Marylan			COUNTY	i: residence	D 2 7
6.	SEX	7. RACE			ED NEVER MARRIED X	C CITY C	RIOWN	Iu	In	. INSIDE CI	TVIIMITS	
	Male	Neg	ro				Baltimo	ore				
9. 1	DATE OF BIRT		10. AGE (In	WIDOW	ED DIVORCED L If Under 1 Yr, II Under 24 Hrs		AND NUMB			YI	ES K	NO .
	1-22-19		lost birthda	7)	Months Days Hours Min.		120 N.		endale	Street		
11.	BIRTHPLACE (S	tote or fore	ign country)	1	2. CITIZEN OF	13. FATHI	R'S NAME					
5	South C	aroli	na		WHAT COUNTRY?	Jol	nn Davi	ic				
				14B. KIND	OF BUSINESS OR INDUSTR							
				wat								
_	Longsho				erfront	Mai	garet	Esl	У			
(Ye	WAS DECEAS	(il yes, give	wor or doles	of service)	17. SOCIAL SECURITY NO.	18. INFO	RMANT			Al	DDRESS	
1	No	T. C.				Mrs.	Dorot	hy V	V. Joh	nson	120	Allendale
	19.	150	X		CAUSE OF DEA	ATH					A	PPROXIMATE INTERVAL
	DISEAS	E OR CON	DITION DIREC	TIY								TELL CHALL AND DEATH
		LEADING T			4.41444501490	GALLET (Gunshot	woun	d of a	bdomen		
	(This does n	ot meon the	mode of dy	ing, e.g.,	(A)IMMEDIATE DUE TO, OR	CMUSE	QUENCE OF:					
	Injury or con	, osmenia, ei iplication wh	c. II meons the ich coused dec	disease, th.)								
		NTECEDENT		GIVING	(B)	AS A CONS	EQUENCE OF:					
	RISE TO THE	ABOVE CA	IONS, IF ANY AUSE (A) STAT	ING THE								
2	ONDEREIN	O COMPI	HON LASI.		(c)							
E			[]									
CERTIFICATION	TO THE DEA	CONDITION	NDITIONS CO T RELATED TO GIVEN IN PA	THE TERMIN	NAL							
FR	20A. DATE OF	OPERATIO	N 208. CON	IDMON F	OR WHICH OPERATION W	AS PERFOR	MED				21. AUTO	PSY? (Yes or No)
											7	čes
MEDICAL	22A. EXTERI	NAL CAUSE	WAS	2	28. PLACE OF INJURY (e.g.	In or about	22C. WHERE	DID (ICI	la Baltimara C	Ity, nive exp		Les
음	UNDERLYING			h	ome, tarm, toctory, street, offi	ce bldg., etc.)	INJURY OCCI	UR?				1801
ME	UTING L CA		Doy) (Year) (Hour)	street 22E.INJURY OCCURRED		Popplet 22F. HOWDI	on a	nd Sar	atoga	Street	s /
	OF INJURY				WHILE AT NO	WHILE						
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	23.							1 1				
	I certi	fy that I i	reld on Ir	nquiry L	Inspection Au	topsy N	and that	on this	basis, de	ath in my	opinion	
	result	ed from: 1	Natural caus	ses 🗌	Accident Suici	de 🔲 🖠	lomicide K	Un	determined	manner [
		13	1	0	1) = -1		CHIEF MEDIC	CAL EXA	MINER [
	ACTUAL	170 (, ne	1.	desmon to	ASS	ISTANT MEDIC	CAL EXA	MINER			DATE SIGNED
	SIGNATU		11 1	2 .	The second	,				1		
	NAME (T	(charles	S. SI	oringate, M.D.	ASS	OCIATE MEDIC	CAL EXA	MINER L	Decer	mber 1	2, 1971
24/	. BURIAL CREA	AATION.	248. DATE		24C. NAME of CEMETERY	or CREMAT	ORY	24D. LO	CATION	(City, Iown		
RE	MOVAL (Specif	y)		71								
	Burial		12-16-		Arbutus Mem	orial	Park	Ba.	ltimor	ce Co). M	aryland
254	. DATE REC'D	BY HEALTH	DEPA A	258 NA	ME OF REGISTRAR	25C.	FUNERAL DIR	RECTOR		JA.	DORESS	
	JEG 14	1311	A COURSE A			NU	TTER F	'UNE	RAL HO	OME 30	035 W	. NORTH A

VS 151-REV. 1/1/68 / 8 79 9 7 1 0 0 0 4 5 2 5



5-	300 7	1 11 MED	530 ICAL	BALTIMORE CITY HE EXAMINER'S	ALTH DEPARTMENT CERTIFICATE OF DEA	TH REG. NO.	1 11530			
BIRTH NO.						KEG, NO				
. NAME O	FDECEASED				2. DATE Known Manth	Day	Year Hour			
Type or Prin	Bosie S	cott	Jr.		OF DEATH Estimoted		M.			
. PLACE IN				ONOUNCED DEAD	3. DATE Month	Day	Yeor Hour			
ULL NAME (HOSPITAL OR INSTITUTION	ADDRE	T IN HOSPITA	L OR INS	TITUTION, GIVE STREET		mber 8,197				
0 2 5	UTHERAN H	OSPITA	Ĺ		S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland 8. COUNTY					
S. SEX	7. RACE		8. MARR	IED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY	LIMITS?			
Male	Neg	ro	WIDOV		Baltimore Baltimore	YES	NO I			
DATE OF		10. AGE (In		If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	1 153	W NO L			
9-13-		last birthdox 28		Months Doys Hours Min.	1828 W. Saratoga Sti	reet				
1. BIRTHPL	ACE (State or fareig	on country)	a series	12. CITIZEN OF	13. FATHER'S NAME					
South	h Caroli	na		WHAT COUNTRY? USA	Posio Scott Ca					
			48. KIND		Bosie Scott Sr.					
lane during m	ast of working life, ev	en if retired)	_							
Labor				inmel Can	Earmie Washing	rton				
yes, no or unl	CEASED EVER IN known) (if yes, give worl	d War	of service	SECURITY NO. 217-38-616	18 INFORMANT 8 Earmie Scott 18		oress tratoga Stree			
	ISEASE OR COND LEADING TO	DEATH		Gunshot (a)IMMEDIATE (wound of chest		BETWEEN ONSET AND DEATH			
heart	daes not mean the failure, osthenio, etc or complication whi	. It means the	diseose,		AS A CONSEQUENCE OF:					
	ANTECEDENT	CAUSES		(8)						
RISE 1	ASES OR CONDITION TO THE ABOVE CA ERLYING CONDIT	USE (A) STAT	, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:					
S OND	EKLYING CONDIN	ION LAST.		(C)						
OTHER TO TH	R SIGNIFICANT CON TE DEATH BUT NOT SE OR CONDITION	RELATED TO	THE TERM							
20A. DA	TE OF OPERATION	N 208. CON	NOITION	FOR WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No) YES			
₹ 22A. F	EXTERNAL CAUSE	WAS		228. PLACE OF INJURY(e.g.	in ar about 22C. WHERE DID (If in Baltin	mare City, give exect				
UNDER	LYING OR CON	TRIB-		hame, form, factory, street, offic	e bldg., etc.) INJURY OCCUR?		0000			
	CAUSE OF DEA			American Gas St	ation 2501 W. Frank)	in Street	5000			
≥ 22D. TI	ME (Manth) (E	Day) (Year) (Hau	22E. INJURY OCCURRED	22F. HOWDID INJURY OC					
	() 10 7 71	11 /		WHILE AT NOT	WHILE ET Chat duming of					

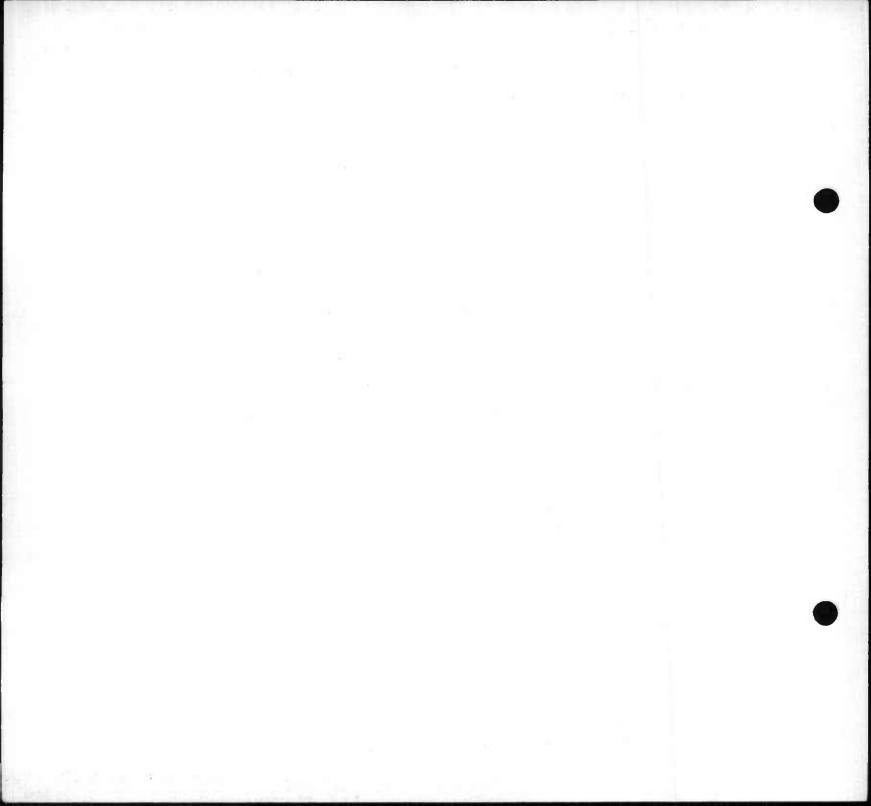
11:45 P. m. WORK AT WORK X Shot during altercation 23. I certify that I held on Inquiry I Inspection Autopsy ond that on this basis, deoth in my opinion resulted from: Notural couses Accident Sujcide Homicide X Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 12/8/71 **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Ronald N. Kornblum, M.D. NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) 248. DATE (Stote) 12-13-1971 Arbutus Memorial Park | Baltimore Burial Co. Maryland 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 25C. FUNERAL DIRECTOR NUTTER FUNERAL HOME 3035 W. NORTH AV VS 151-REV. 1/1/68

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1	K-43() (1 115)	Y HEALTH DEPARTMENT 7	1 11531
death eased n the	BIRTH NO. 1. NAME OF DECEASED	ATE OF DEATH	
al a dec ceas on t	(Type or Print Rowlett Sydner E	2. DATE AND HOUR OF DEATH	
	3. PLACE IN BALYIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institutions A, STATE B, COUNTY	residence before admission
hose (5) dan de	HULL NAME OF HOSPITAL OR INSTITUTION, GIVE SYREET ADDRESS OR LOCATION)	Maryland	1504
Sect	MT. SINAI NURSING Home	BAITI MORE YES	
7	4613 PARK HeighTS AVE 21215	2313 M. Bulaski 52-	400
ribut minec gular sed p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED		der 1 Yr. Il Under 24 Hrs.
reg eas	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	11. BIRYHPLACE (Stote or loreion country) 112. CI	TIZEN OF WHAT COUNTRY?
or condets in deco	Cook Garrison Forrest		USA
de de as	13. FATHER'S NAME	Virginia	USH
irect (4) U (4) U the ispos	Payton H. Jones	Mary Eliza ?	
	15. Was Deceased Ever in U. S. Armed Forces? (I'es, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANY	ADDRESS
assistan if the d	SECURITY NO.	Mm	N Dulaski St
s as if any ced adan	18. 4 / 9 CAUSE OF DEAT	Mr. Edmond Rowlette 2313	APPROXIMATE INTERVAL
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er or his a er. Also, if cture of any pronounced ar attenda ar attenda	(A) IMMEDIATE CA This does not mean the made of dying, e.g., heart foilure, asthenia, etc. it means the disease, injury as complication which caused death.)	A CONSEQUENCE OF:	mondiatily
3 5 6 5 E	ANTECEDENT CAUSES	son arten Dresse	54rs-
xamin xamin 3) A fra who regu		A CONSEQUENCE OF:	***************************************
13 (3 e l	ise to the obove cause (A) stoting the UNDERLYING CONDITION last. (C)	valized avenosilens	indefinitely
medi bur bur phys an w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (AL. 19A. DAYE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B PLACE OF INJURY (C.C.)	-, arthintis (Rhounital)	0.000000000000000000000000000000000000
hie od a sic	19A. DAYE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUYOPSY? (Yes of No.) 208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEAYH?
5-45-06	OR CONYRIBUTING CAUSE OF home, form, foctory, street, or DEATH (nofily medical examine)	n or obout 21 C. WHERE DID (If In Boltimore City, gi	ve exoct location)
hos natu d (6) d ine	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Work At Work		
	22. I certify that (1) (this haspital) attended the deceased fram	September 1 1971 to Dec	mby 8 19 71
-0 - 6	tha (i) (we) last saw the deceased alive an 128	19and that in (my) (aur) opinion dec	
ust be a sased to dent of lospital death) must b	and have and from the causes stated above. (1) (We) (did) (did nat) v	lew the bady after death.	
eased ident hospit must		nding Med. C Shift C	YE SIGNED
acci acci acci acci	23C.PHYSICIAN'S	Director Phys. 23D. ADDRESS	2/9/7/
was An An prio	NAME (Type) Stanley D. Modiens M. D.	2444 8 B. 1.00 SA	B. M. nol
E SO S B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMEYERY OF CRI	MAYORY 24D. LOCATION (City, town,	or county) (Statel
00000 SE	Burial 12-13-71 Arbutus Memori	al Park Baltimore Co.	Maryland
This the bashow was dece writh	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISYRAR	25C. FUNERAL DIRECTOR	ADDRESS
	NFC 14 1971 Wabe, & E. Salley M.D.	NUTTER FUNERAL HOME 3035	W. NORTH AVE

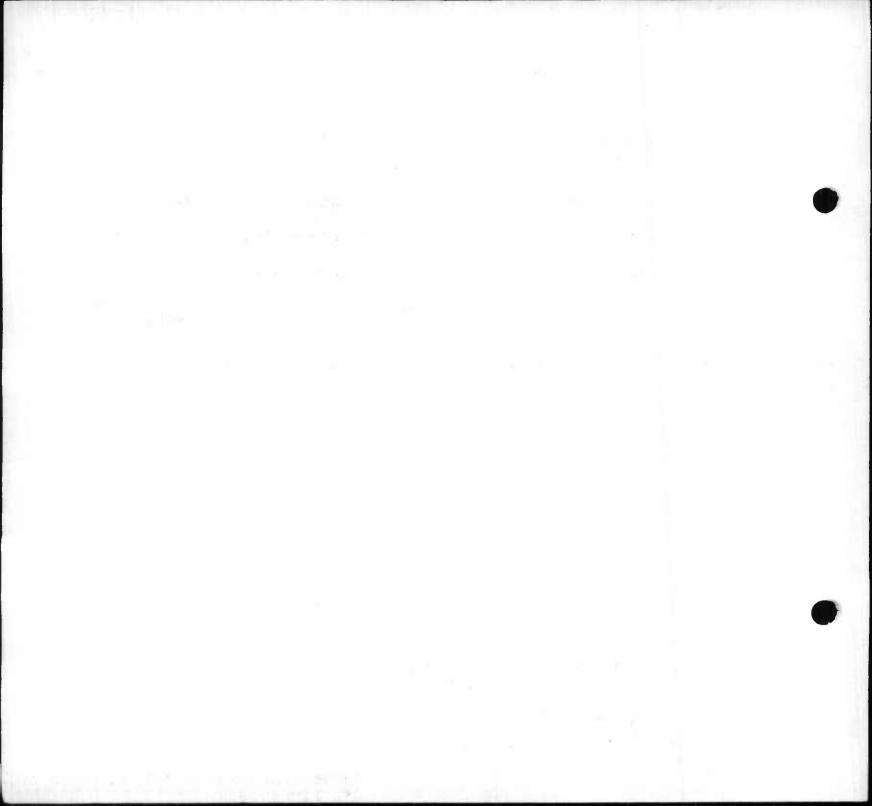
2 134 - 1 Years and The Cons

	BALTIMORE CITY HEALTH DEPARTMENT
7.5705	G-252 71 11532 CERTIFICATE OF DEATH REG. NO. 140039
death death eased in the Such	I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
- 70 0 0	(Type or Print) GASKINS, JAMES E. 12/10/7/ 735/ AM
of Dec	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD
5 0 0	BON SECOURS HOSPITAL FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET A. STATE B. COUNTY A. STATE B. COUNTY
a hos se; (5) andan to de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
	BALTIMORE YES NO [
uting od cau r att prior	E. STREET AND NUMBER
ar ar	2113 POPILAR GROVE ST.
th occurred in contributing etermined ca n regular at sceased prior is made.	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours lost birthday) Months Doys Hours Min. Min.
ocont Darm reg	MIDOWED DIVORCED 7/12/84 87
th co	done during most of warking life, even il retired
deat t or Unda as ir e de	LABORER N. CAROLINA U.S.A.
W V ~ > E =	13. FATHER'S NAME
dire dire d; (4) ith v	NELSON GASKINS 15. Wos Deceased Ever in U. S. Armod Forces? 17. INFORMANT 17. INFORMANT ADDRESS ADDRESS
he di kind; death ce on inal di	15. Was Deceased Ever in U. S. Armod Forces? [Yos, no or unknown] Uf yes, give war or dates at service) 16. SOCIAL 17. INFORMANT ADDRESS ADDRESS
W T E	NO 217-01-6468 Louise G. Person 2113 Poplar Grove St.
0	18. 4 S G APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY
miner or hi niner. Also fracture of pronoun gular atte	(This does not meen the mode of dying, e.g.,
or or cture	heort failure, asthenia, etc. It means the disease, injury or complication which caused death.)
fra o golf	ANTECEDENT CARRES
5 E 4 E 9 6	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
9 2 0 - 0	rise to the above cause (A) sloling the UNDERLYING CONDITION (ast,
dical fical fical fical fical sicia sicia was	UNDERLYING CONDITION Tost, (C)
07	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
meer buy bhy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 120A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
chief y a n Body the p tysicic	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A ACCIDENT WAS UNDERLYING 21& PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
+-UE E	21A. ACCIDENT WAS UNDERLYING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21A. ACCIDENT WAS UNDERLYING (e.g., in or about 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR?
462> 6	21D-TIME (Month) (Doyl (You) (Hous) 21E INJURY OCCURRED 21F. HOW DID (NJURY OCCUR?
pt pt (6)	S OF INJURY While At Not While
00 7000	
th the	22. I certify that (I) (this hospital) attended the deceased from Nov. 19 19 71 to Dec 10 19 71
B24-08	that 10 (we) last saw the deceased alive on 19 7 (and that In(my) (our) opinion death accurred an the date
ust be a dest to dent of ospital death) must be	ond hour and from the couses stated obave. (i) (We) (dld) (dld not) view the bady after death.
must eleas ccide hos to do	A DATE SIGNED
T to T to T a	DECREE FRYS DIRECTOR - Phys
was was A. at prior	23C-PHYSICIAN'S NAME (Type) 23D. ADDRESS
A A M	MARVIT TO DECEMBE
certific body w rs. (1) A D.O.A. assed p	REMOVAL ISPECIAL
his cert he body hows: (ras D.O ecease	Burial 12-14-71 Arbutus Memorial Park Baltimore) Co. Maryland
This cert the body shows: (was D.O decease	4 A 4074 (1) // A C 1-6- // 1-6-
	VS 150-REV. 1/168



This certificate must be

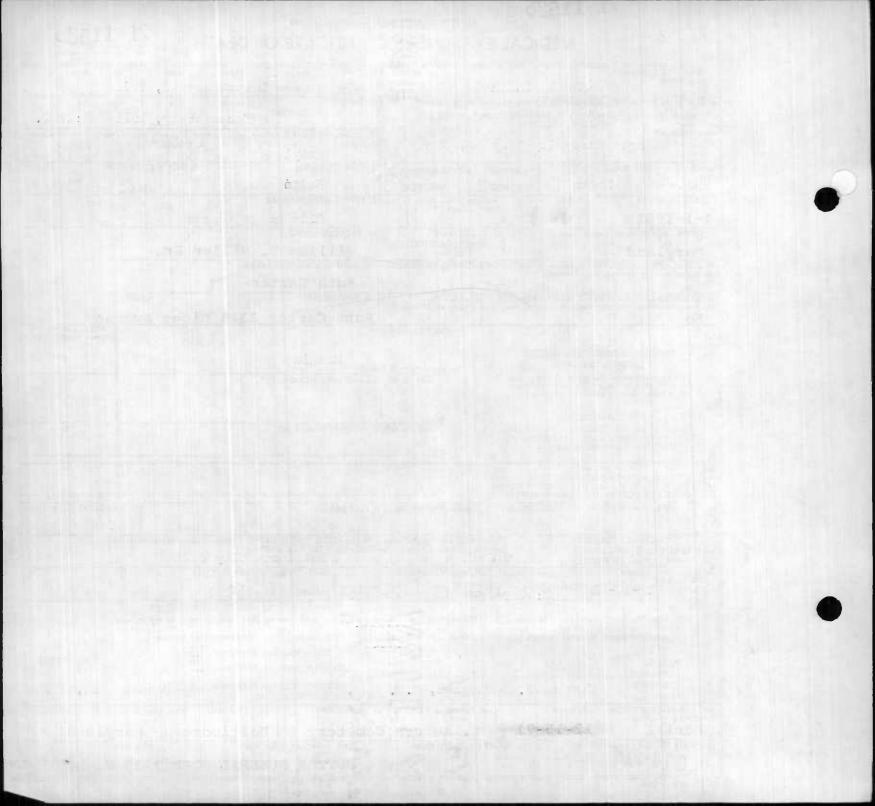
BALTIMORE CITY	HEALTH DEPARTMENT 71 11533
7-620/1 11533 CERTIFICA	TE OF DEATH REG. NO.
1.NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Typo or Print) MAMIE KERSHAW	12/9/71 4:20 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
16 Lutheran Herman	Ballimore YES A NO
730 Ashbrutten St, Batto 21216.	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months! Days ! Hours ! Min.
temale Negro WIDOWED DIVORCED	11-3-95.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Domestic Pvt. Family	South Carolina USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Kershaw	Sarah Johnson
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 713 Maria Street
	Jeanette Kershaw Knowville, Tenn.
IB. 4/0,9 1 CAUSE OF DEATI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAU	Typiachon instantial 14 kgs
(A) (This does not meen the mode of dying, e.g., head boilure, asthenia, etc. It means the disease, injury or complication which caused deeth.	
ANTECEDENT CAUSES	0
	A CONSEQUENCE OF:
nise to the obove cause (A) stating the UNDERLYING CONDITION lost. (C)	
_ 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	NO.
OR CONTRIBUTING CAUSE OF home, larm, lactory, street, of DEATH (notify medical examined	
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED White At The Net White	21F. HOW DID INJURY OCCUR?
(APPROXI While At Work At Work	
22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive on	0/10/7/19/10/12/9/19/7/
and haur and from the causes stated obays. (1) (We) (did) (did not)	9 19 ond that In(my) (aur) apinion death occurred on the date
23A SIGNATURE	lew the body after death. 23 B, DATE SIGNED.
DEGREE Phys	iding Med. Staff 1
	730 Ashbutin St, Butte 12 21216
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 12-14-71 Crestview Ceme	, , , , , , , , , , , , , , , , , , , ,
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 14 1971 Valley & Valley 120,	NUTTER EUNERAL HOME 3035 W. NORTH AVE



1	BALTIMORE CITY HEALTH DEPARTMENT 71 11534
	RITH NO. CERTIFICATE OF DEATH
1	NAME OF DECEASED 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH
1	PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD [4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
	A. STATE B. COUNTY
1 8	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, CIVE STREET OSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS2
ľ	YES NO NO
	E. STREET AND NUMBER
_	dutheran Rispital 3029 Press man St.
3	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Days Hours Min. Min.
	A. USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign caughty) 12, CITIZEN OF WHAT COUNTRY?
d	Domestic Pvt. Family Washington D. C. USA
1:	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	? ? ?
15	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
• •	No Stewart 3029 Presstman Street
	18. A Sold CAUSE OF DEATH Deby gration (One to Very for SETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY typovolumenia tehydration (such typovolumenia)
	This does not meen the mode of dying, e.g., (A) MMEDIATE CAUSE (I mal Fulling Itypernative a
	heort failure, asthenia, etc. It means the disease, injury or complication which coused death,)
	ANTECEDENT CAUSES PANTELL CNA
	DISEASES OR CONDITIONS, if ony, giving Due to, OR AS A/CONSEQUENCE OF:
	underlying condition isst.
_	
TOA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
CEPTICIC ATIO	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? IYes of No. 2004. IP YES, WERE FINDINGS CONSIDERED
BTIE	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 204 AUTOPSY? IVes of No. 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	In all political control of the cont
ICAI	DEATH Inotify medical examines
MEDI	OF INJURY (Month) (Day) (Your) (Hour) 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR?
4	(APPROX.) While At Work At Work
	22. I certify that (1) (this hospital) attended the deceased fram 12 - 7 - 19 7/ ta 12 - 16 - 19 7/
	that (1) (we) last saw the deceased alive on
	and hour and from the causes stated above. (1) (We) (did) (did-net) view the body after death.
	23A. SIGNATURE 23A. SIGNATURE Attending Med. Stuff Phys.
	23C. PHYSICIAN'S NAME (Type) ABDUL MAJID MEMONIND. 30 Ashbuton 4: Baltimere Mo 2/2/6
24	A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	Burial 12-15-71 Mt. Auburn Cemetery Baltimore Maryland
25	A. DATE REC'D BY HEALTH DERT. 256 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
_	DEC 14 WI WAR TO NUTTER FUNERAL HOME 3035 W. NORTH AVE

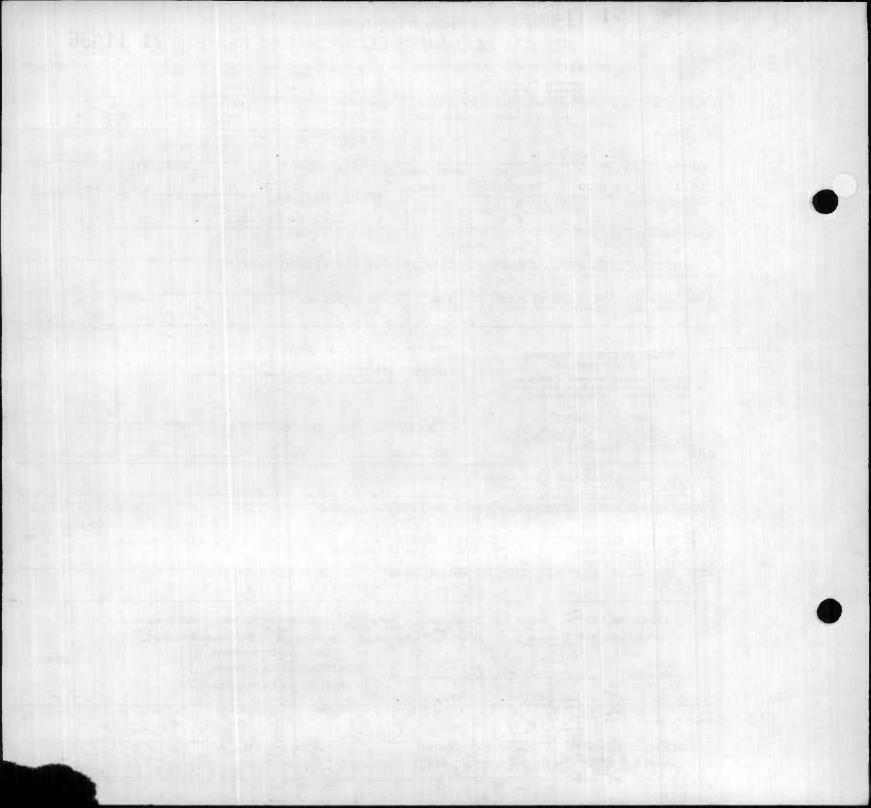
	CEDITIE CATE OF DEATH 71 11535	
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 11530	
I. NAME OF DECEASED	2. DATE Known X Month Doy Year Hour	
(Type or Print) JAMES MILLER	OF DEATH Estimoted December 10, 1971	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD December 10, 1971 3:10 P.	• M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission	n)
Baltimore City Hospital (DOA)	A. STATE Maryland B. COUNTY /60	5
6. SEX 7. RACE 8. MARRIED NEVER MARRIED X		
Male Negro WIDOWED □ DIVORCED □	Baltomore YES ₺ NO □	
9. DATE OF BIRTH 10. AGE (In years If Under I Yr. If Under 24 Hrs	. IE. STREET AND NUMBER	
4-1-1951 lost lost lost lost lost lost lost lost	2316 Riggs Avenue	
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Maryland WHAT COUNTRY?	William T. Miller Sr.	
14A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRIBLE OF BUSINESS OR INDUSTRI	15. MOTHER'S MAIDEN NAME	
done doring most of working me, even as ented)	Ruth Carter	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give war or doles of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	
NO	Ruth Carter 2316 Riggs Avenue	
19. F 9 5 2 CAUSE OF DE		
DISEASE OR CONDITION DIRECTLY		DIAM
LEADING TO DEATH (A)IMMEDIATE	Hanging	
	AS A CONSEQUENCE OF:	
injury or camplication which coused deoth.)		
ANTECEDENT CAUSES (8)		
	AS A CONSEQUENCE OF:	
LINDERLYING CONDITION LAST		40)
LINDERLYING CONDITION LAST	VAS PERFORMED 21. AUTOPSY? (Yes or h	(o)
UNDERLYING CONDITION LAST. (C) III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or N	(o)
UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or N Yes In or about 22C. WHERE DID (II in Baltimore City, give exact location) (or bldg. etc.) INJURY OCCUR?	No)
UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V 22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB. UNDERLYING TO CONTRIB. UNDERLYING CONTRIBUTIONS 22B. PLACE OF INJURY (e.g., home, fortory, street, offit) Jail	VAS PERFORMED 21. AUTOPSY? (Yes or N Yes In or about 22C. WHERE DID (II in Baltimore City, give exact location) INJURY OCCUR? Baltimore City Jail	40)
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UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V 22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 12-10-71 about CAPPROX.) 12-10-71 about 23.	AS PERFORMED 21. AUTOPSY? (Yes or h Yes In or about 22C. WHERE DID (II in Boltimore City, give exact location) INJURY OCCUR? Baltimore City Jail 22F. How DID INJURY OCCUR? I WHILE WORK Hanged self	No)
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UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 12-10-71 about (APPROX.) 12-1	AS PERFORMED 21. AUTOPSY? (Yes or Name of Nam	3
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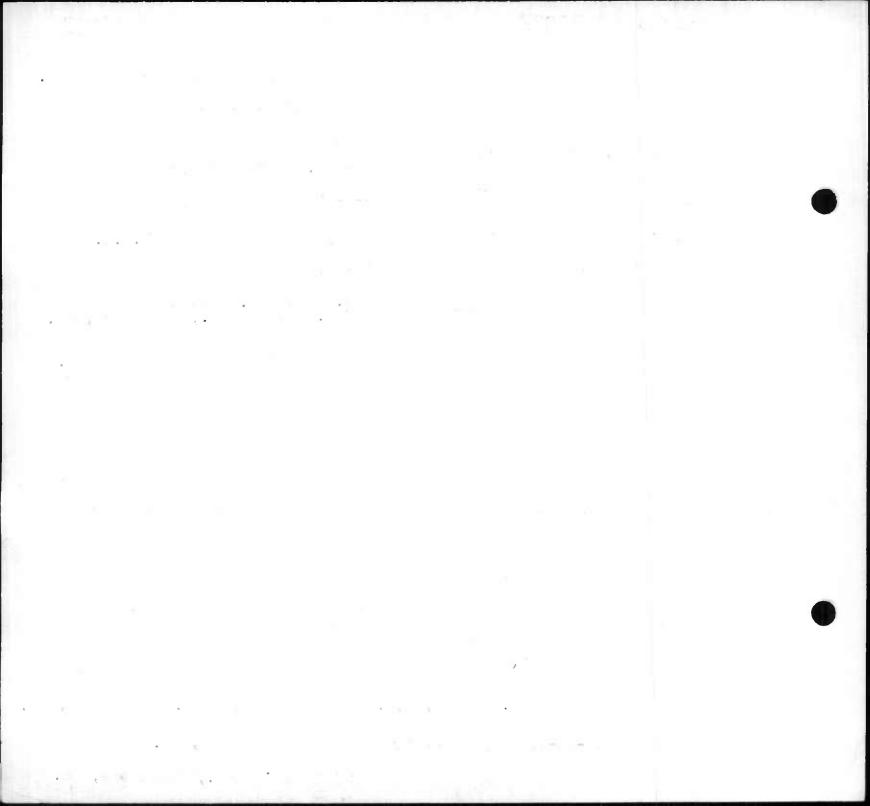
71 11536

B-62	ME		EXAMINER'S			OF	DEAT	H 7	1 11	536
BIRTH NO. 1. NAME OF DECEASED (Type or Print) ALBERT BURCH				2. DATE OF	Known		Month	Day	Yeor	Hour
4. PLACE IN BA	LTIMORE, MARYLAND	, WHERE PR	ONOUNCED DEAD	DEATH 3. DATE			Month	Day	Yeor	Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)				UNCED DE		12	12	1971	2:45p N	
M M	20 St. Paul	St.		A. STATE	Md		deceosed ii	B. COUNTY	on, residence	002
6. SEX	7. RACE	8. MARRI	ED NEVER MARRIED	C. CITY O	RTOWN			D. INSIDE	ITY LIMITS?	
male	negro	WIDOW	ED DIVORCED			to.			YES E	No 🗆
9. DATE OF BIRT	IH 10. AGE	(In yeors	H Under I Yr. II Under 24 Hrs. Months Days Hours Min.		40 W.		tte S	t.		
11. BIRTHPLACE	State or foreign country	36	2. CITIZEN OF WHAT COUNTRY?	13. FATHE	NAME	· o	B		- Ca	7
14A.USUAL OCCU	JPATION (Give kind of yworking life, even if reflect	ork 148. KIND	OF BUSINESS OR INDUSTRY	15. MOTH	ER'S MAIDE	N NAN	NE .)		
16. WAS DECEAS	SED EVER IN U.S. ARA	NED FORCES	7 17. SOCIAL SECURITY NO.	18. INFOR	MANT	· B	Jen	pris of	ADDRESS	W ST
19. 304	1.9		CAUSE OF DEA	TH CE	and .	2/57	9-	in the	BETT	PPROXIMATE INTERVAL
DISEAS	SE OR CONDITION D	RECTLY	Intravenous		tism			H		
heart follur	not mean the mode of e, oathenio, etc. it means mplication which coused	the disease,	DUE TO, OR		QUENCE OF					
DISEASES RISE TO TH UNDERLY!	INTECEDENT CAUSES OR CONDITIONS, IF IE ABOVE CAUSE (A) ING CONDITION LAS	ANY, GIVING	(E) DUE TO, OR	AS A CONS	EQUENCE O	F:				
O THE DE	II NIFICANT CONDITION: ATH BUT NOT RELATED R CONDITION GIVEN I	TO THE TERMI	ING NAL							
20A. DATE O			FOR WHICH OPERATION WA	AS PERFOR	MED					OPSY? (Yes or No)
	RNAL CAUSE WAS	1	228.PLACE OF INJURY(e.g.,	In or about	22C WHER	E DID /	II In Baltima	n Clty alva e		yes
UNDERLYING	G OR CONTRIB-		home, farm, loctory, street, offic	e bidg., etc.)	INJURY OC	CUR?	is at southing	,,		
≥ 22D. TIME OF INJURY (APPROX.)		Year) (Hour	WHILE AT NOT	WHILE	22F. HOW !	INI DID	URY OCC	UR?		
23.				ORK [
	tify that I held on Ited from: Natural	Inquiry L	Accident Suicide	topsy 🔀	ond the	-		death in my		
ACTUA	6) mh	0		CHIEF MED	DICAL E	XAMINER			DATE SIGNED
SIGNAT	TUREV	10 M	M.D	•	ISTANT MEI					
NAME (Fisher, M.D.					-10		12-13-71
24A. BURIAL CRE REMOVAL (Spec		16,71	24C. NAME of CEMETERY	bu	is d	240.	NO (ASO)	alli	or county	(Stofe)
25A. DATE REC'E	A.A 1070		AME OF REGISTRAR Faller M.D.	25C.	FUNERAD I	DIRECTO	R	Dec.	ADDRESS	Roe HIGH
VS 151-REV 1/1/6	A CONTRACTOR OF THE PARTY OF TH		7 1 7 7		302	W	Mix	jul	ue /	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	7-250 71	11537			E OF DEATH	REG. NO	71	11537.
	RTH NO. NAME OF DECEASED		92 ((111)			AND HOUR OF DEATH		
(T)	pe or Print) FRANC	TESCO P	AUL TOSCANO					1 30 45 4
3.	PLACE IN BALTIMORE, MARYL	AND, WHERE P	RONOUNCED DEAD		A. STATE B. COL	INIY	institution:	12:45 A. M. residence before admission)
FL H	ILL NAME OF SIF NOT IN ADDRESS (STITUTION	HOSPITAL OR I	NSTITUTION, GIVE STREET		C. CITY OR TOWN	Baltimore D. IN	SIDE CITY	LIMITS?
	00000	1			Baltimore		YES 🔀	No 🗌
	00 627 S. De	ecker A	venue		627 S. Dec	ker Avenue	3	
11	SEX 6. RACE	7. MAR	RIED NEVER MARRIED	8.	DATE OF BIRTH	9. AGE (In yours lost birthdoy)	If Und	er 1 Yr. If Under 24 Hrs.
	Male White		WED DIVORCED		4-3-98	73	Monin	Doy's Hours Wiln,
10/	LUSUAL OCCUPATION (Give king during most of working life, even if	d of work 108, KIN	D OF BUSINESS OR INDU	STRY 11	I. BIRTHPLACE (State or lo	reign country)	12. CI	TIZEN OF WHAT COUNTRY?
	Tailor		Lothing		Italy		υ.	S.A.
11	Joseph Toscano				MOTHER'S MAIDEN N.	AME		
					Filomena			
(Te	Was Deceased Ever in U. S. Ar s, no or unknown! (If yes, give wo NO	med Forces? r or dotes of ser	vice) 16. SOCIAL SECURITY NO. 212-03-92		Mrs. Louise	A. Toscar	10	ADDRESS
	18. / 5 2 8	-	CAUSE OF D	EATH	627 S. Deck	er Ave.	Salti	APPROXIMATE INTERVAL
	DISEASE OR CONDITI	ON DIRECTLY	Car	cin	oma of Colo	n with		BETWEEN ONSET AND DEATH
	LEADING TO	DEATH	CANIMMEDIATE		Liver Meta			4 yrs.
	(This does not mean the m heart foilure, asthenio, etc. It injury ar complication which	means the dis	0.0.		CONSEQUENCE OF:	20 00.000	***********	,
	ANTECEDENT C	AUSES						
	DISEASES OR CONDITION	e (A) stating	iving (B)DUE TO, OI the	R AS A	CONSEQUENCE OF:	************************	*****	
	UNDERLYING CONDITION I	ast.	(c)		***************			
ATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATEDISEASE OR CONDITION GIVEN	ED TO THE TERMI	ING NAL					
CERTIFICATION	19A- DATE OF OPERATION 19		FOR WHICH OPERATION		NO NO	10) 20B, IF YES, WERE	FINDING: AUSES OF	S CONSIDERED DEATH?
MEDICAL CE	21 A ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE DEATH (notify modical exemine	YING OF	21B. PLACE OF INJURY (e home, farm, foctory, streo etc.)	eg, in o	o bldg., INJURY OCCUR?	(It In Boltima	ore City, gi	ve exoct location)
ED	21D. TIME (Month) (Doy) OF INJURY	(Yeon) (Hous)	21E INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?		
≥	(APPROX.)		While At Work At W	While T	7			
	22. I certify that (1) (this h	nentral) attent			bruary	10/10 Dec	amba	m71
	that (i) (we) last saw the d			/	777	19 <u>49</u> to <u>DEC</u> hat In(my) (our) op		19 / 1
	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.							
23A. SIGNATURE Language W Le Pous Attending Med. Stoff 12/9/21								
	23C.PHYSICIAN'S NAME (Typol Cla	rence V	V. LeDoux, M		Director L DADDRESS 3023 East	stern Ave.	Ba	ltimore, Md.
244	BURIAL CREMATION, 248. D	ATE 24	C.NAME of CEMETERY of		ATORY 24D.	LOCATION (C	ily, town,	or county) (Stole)
	Burial 12-		Holy Redeeme	r C	emetery Ba	ltimore,		
0	EC 14 1971 Pabe	1 "	ME OF REGISTRAR	**	Nicholas 1 3021 Eastei	Matthews n Ave., B	altin	ADDRESS nore, Md.
VS	150-REV. 1/1/68			-				



and assed the the	
be approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death tof any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased it all (except where the physician who pronounced death was in regular attendance on the ath); and (6) No physician was in regular attendance on the deceased prior to death. Such it be obtained before the remains are embalmed or final disposition is made.	
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(3) v ni ns ar	
e approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contribution of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined of any nature; (4) Undetermined of any hospital (except where the physician who pronounced death was in regular th); and (6) No physician was in regular attendance on the deceased probe obtained before the remains are embalmed or final disposition is made.	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
ws: Ws: D.C	
This sho was	

	2	F = 10 174 44 = 0	BALTIMORE CITY	HEALTH DEPARTMENT		71 11538	
	BIR	E-562 71 11538	CERTIFICA	TE OF DEATH	REG. NO.	71 11300	
		AME OF DECEASED		2. DATE	AND HOUR OF DEATH		
		EMMERICH. HELEN REBEC	CCA	DEC	EMBER 8, 19	971 11:57 P. M.	
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If in	nstitution: residence before admission)	
	HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) SPITAL OR ADDRESS OR LOCATION)	TUTION, GIVE STREET	MARYLAND	BALTIMORE	COUNTY 5300	
	INS	ST AGNES HOSPITAL	=	C. CITY OR TOWN HALL	THORPE D. INS	YES NO X	
.	4	+0		E. STREET AND NUMBER	AMENIJE		
5	5. S	EX 6. RACE 7. ALADRIED	(T)	8. DATE OF BIRTH		21227	
		FEMALE CAUCASIAN WIDOWED		11/11/22	9. AGE (In years lost birthdoy)	Months Days Hours Min.	
	104	USUAL OCCUPATION (Give kind of work IDB, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slole of fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
	- 1	MACHINE OPERATOR KOPPE	RS CO	MARYLAND		USA	
		FATHER'S NAME JERRY CREIGHTON	DEC 1D	(PARKSXX		ARKS	
		Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give war or dotes of service)	1 6 SOCIAL			TIMOREMDESS 21229	
		NO	216162188			KENS & CATON AVE	
		18. / 5 / 7 / 1	CAUSE OF DEATH			APPROXIMATE INTERVAL	
. 11		DISEASE OR CONDITION DIRECTLY			0	BETWEEN ONSET AND DEATH	
		LEADING TO DEATH	AND MANAGEMATE CALL	· ardiae	Pulure		
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease.					
		injury or complication which caused death.)					
	ANTECEDENT CAUSES Herolly hase.						
		DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	ı	rise to the above cause (A) stating the UNDERLYING CONDITION last.	a laner	1081.			
	1		(c))		
	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Glew	lived of	rection.	ļ.	
	ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	7200		Turan.		
		19A. DATE OF OPERATION 19A CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CONSIDERED	
	ERT	0		NO	in ockin into ox		
	-1	21A. ACCIDENT WAS UNDERLYING 21B OR CONTRIBUTING CAUSE OF hom DEATH (nolify medical examined)	RPLACE OF INJURY (e.g., in na, farm, foctory, street, off)	or obout 21 C. WHERE DID INJURY OCCUR?	(If In Boltimor	e City, give exect location)	
3	0	21D. TIME (Month) (Doy) (Year) (Hour 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
	51	OF INJURY (APPROX)	nile At Not While				
	EMPER O 71						
		22. 1 certify that (M (this hospital) attended the deceased from NOVEMBER 30, 19 71 to DECEMBER 8, 19 71 that XIX (we) lost saw the deceased aliye on DECEMBER 8, 19 71 and that in (XXX) (aur) opinion death occurred on the date					
		ond hour and from the causes stated above)	() (We) (did) ()(18(16)) vi				
		23A. SIGNATURE				238 DATE SIGNED	
	ŀ	(A)	900 Atten	ding Med.	Staff Phys.	12-108971	
.		23C.PHYSICIAM'S NAME (Type)	12:	BD. ADDRESS	BALT	MORE MD 21229	
		SUROOR ALAM, M.D.	S. ALAM.	ST AGNES HOS	PITAL WILK	FNS & CATON AVE	
		BURIAL CREMATION, 248, DATE 24C. N.	AME of CEMETERY OF CREA			ly, town, or county) (State)	
		REMOVAL (Specify)					
			dlawn Cemetery		odlawn, Maryl		
	11		Ben M. B.	25C. FUNERAL DIRECTO		ADDRESS	
1	/S 1	50-REV. 1/1/68	7 0	Howard H. Hu	ippard, 410/	Wilkens Ave. 21229	

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T 100 BALTIMORE CI	TY HEALTH DEPARTMENT				
MEDICAL EXAMINER	S'S CERTIFICATE OF DEATH REG. NO. 1 11539				
1. NAME OF DECEASED L. (Type or Print) ROBERT TEAL SR.	2. DATE Knawn Manth Day Year Haur OF DEATH Estimated				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD December 8, 1971 11:15 A				
ST. AGNES HOSPITAL	5. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission) A. STATE Maryland B. COUNTY				
6. SEX 7. RACE 8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCE	D-14*****				
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under	24 Hrs. E. STREET AND NUMBER				
1-7-1937 last birthday) Months Days Haurs	Min. 3735 McTavish Street				
II. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY U.S. A.	George Teal				
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR IN dane during most of working life, even if retired)	DUSTRY 15. MOTHER'S MAIDEN NAME				
Electrician	KXXXX Mabel Clark				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war ar dates of service) No 17. SOCIAL SECURITY N 215-32-	io. INFORMANT ADDRESS 21229 5425 Mrs. Myrna E. Teal, 3735 McTavish Ave.				
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY Puls	nonary Embolism				
LEADING TO DEATH (A)IMMEDIATE CAUSE					
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	TO, OR AS A CONSEQUENCE OF:				
injury ar camplication which caused death.)					
ANIECEDENI CAOSES (B)	Lebothrombosis of Popliteal veins				
RISE TO THE ABOVE CAUSE (A) STATING THE	IO, OK AS A CONSEQUENCE OF:				
UNDERLYING CONDITION LAST. (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	pendectomy (11-25-71)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Appl 204. Date of Operation 208. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED 21. AUTOPSY? (Yes or No) yes				
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF DEATH.	RY (e.g., in ar about 22C. WHERE DID (If in Baltimare City, give exact location) et, affice bldg., etc.)				
OF INJURY (Approx) WHILE AT	NOT WHILE AT WORK				
23. m. WORK	AI TOON LI				
I certify that I held an Inquiry Inspection	Autopsy X and that on this basis, death in my opinian				
resulted from: Natural causes 🗵 Accident 🗌	Suicide Homicide Undetermined manner				
ACTUAL SIGNATURE A LIGHT MILLIAM	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER				
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 12/8/71				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEN	NETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)				
	rk Cemetery Baltimore, Maryland				
25A. DATE REC'D BY HEALTH DEPL. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
DEC 14 1971 Robert E. Farber, M.D.	Howard H. Hubbard , 4107 Wilkens Ave. 212				
VS 151-REV. 1/1/68	104538				

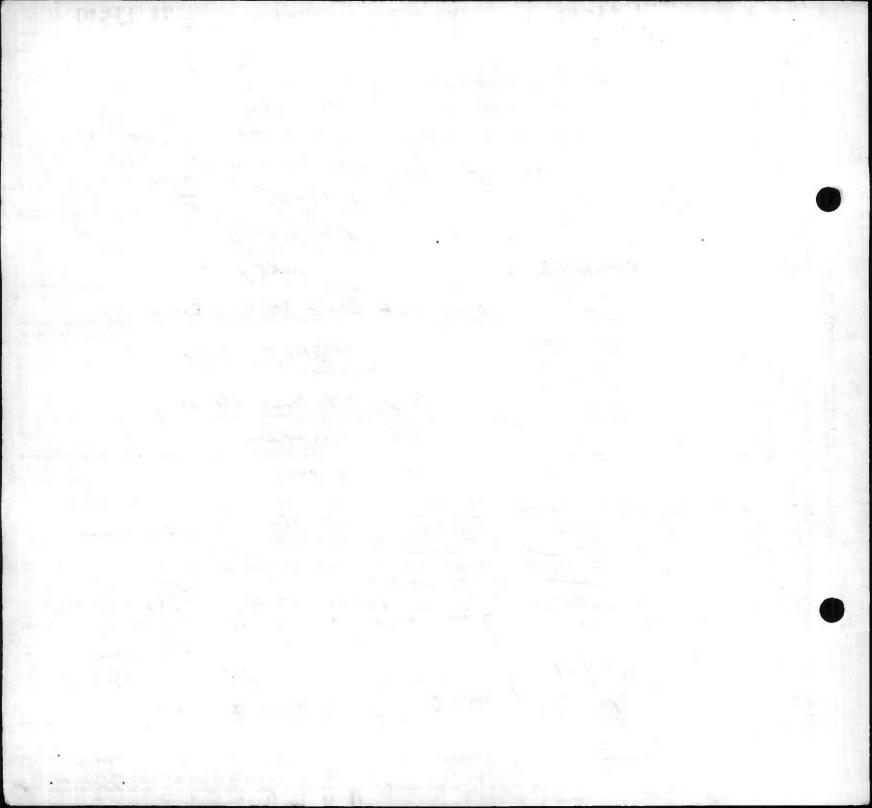
Howard H. Hubbard , 4107 Wilkens Ave. 21229

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	71 11540	BALTIMORE CITY	HEALTH DEPARTMENT	71	11540
RI	RIHNO WILLIAM GRAIL	CERTIFICA	TE OF DEATH	REG. NO.	440.50
1.	NAME OF DECEASED			HOUR OF DEATH	
IL	WILLIAM GRAI		12/12/	71. 7	7: NAM.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where	deceased lived, If institut	tion: residence before admission)
FH	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	many (a	D. INSIDE O	STY LIMITS?
	POUTH BACTIMORE GEN	. Hosp.	BACTIMORE	YE. YE	S NO [
	+3		E. STREET AND NUMBER	en d.	2/230.
5.	SEX 6. RACE 7. MARRIED	NEVER MARRIED		AGE (in years II	Under 1 Yr. If Under 24 Hrs.
10	WIDOWED WILL OCCUPATION Give kind of work 10B, KIND OF BU	DIVORCED [2-18-05	06	
do	ne during most of working life, even if retired)		11. BIRTHPLACE (State at foreign	n country)	CITIZEN OF WHAT COUNTRY?
	t. Operator Chemica	d (o.	MARYCATA	D.	USA,
134	FATHER'S NAME	,	14. MOTHER'S MAIDEN NAM	£	
1	THOMAS. Grail		MAK	Y. Mitchell	
(Ye	s, no of unknown) (If yes, give war at dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
L		11-05-2212-A	SOUTH BACT	O GEN A	10 M.
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	,		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAUS	. HEDATIC	CamA.	
	17his does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		CONSEQUENCE OF:	*************	
	ANTECEDENT CAUSES	Gast	2 tenta:1	blandi.	
	DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	a CONSEQUENCE OF:	o cacare g	
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) Live	a cinoha		***************************************
-	11	2,000			
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	VIHUE	TES MERU!	713.	
S	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION [198. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND	NGS CONSIDERED
ERTIFIC	2 WAS PERFORMED			IN CERTIFYING CAUSES	OF DEATH?
AL C	21A ACCIDENT WAS UNDERLYING 21B PLA OR CONTRIBUTING CAUSE OF home, f DEATH Inotify medical examined etc.)	CE OF INJURY leage, in form, foctory, street, offi	or about 21 C. WHERE DID	(II in Boltimore City	r, give exact location)
DIC	21D-TIME (Month) (Doy) (Year) (Hour) 21E IN	JURY OCCURRED	21f. HOW DID INJUI	IX OCCUPY	
ME	(APPROX) While A	Al Met While			
	22. I certify that (I) (this hospital) attended the d	At Work	2-7-7/ 10		= 135/
		A	***************************************	1010	-12-1971.
	and have and from the causes stated above. (1) (W	(a) (dtd) (dtd	and the	in(my) (aur) opinion	death occurred on the date
	23A. SIGNATURE	e/ (did/ (did not/ VI	ew the bady after death.	23B.	DATE SIGNED
	fary thee	M) , Atten	ding Med. Sh	off Nys.	12/12/21.
	23C. PHYSICIANS NAME (Type)	O L O REE	3D. ADDRESS	7	10/10/11
	IAW The UT	DEGREE -	SOUTH BACTO	GEN HO.	SP.
24/	REMOVAL (Specify) 24B. DATE 24C. NAME	of CEMETERY of CREA	MATORY 24D. LOC	ATION (City, to	on, or county) (State)
0.5	Burial 12/15/71 Hol	y Cross Come	tenu	Baltimore	11-1
254	DATE REC'D BY HEALTH DEPT. 258, NAME OF R	EGISTRAR C	25C. FUNERAL DIRECTOR	neral Home 13	ADDRESS
VS	150-REV. 1/1/68		The Carry Pur	Terail Home 13	cort tive.
			1 1 2 3 0		



25C. FUNERAL DIRECTOR

John T. Rhines Co. Funeral Home

Street, N. E., Washington, D.C.

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

258. NAME OF REGISTRAR

Jaben M.D.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
₹ 4 % \$ \$ \$	L

	7-5.70 74 44-40	THEALTH DEPARTMENT 71 11542					
	BIRTH NO. I. NAME OF DECEASED						
	(Type or Pant) William	2. DATE AND HOUR OF DEATH 12-5-7/ 430 PM					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY					
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	CCITY OR TOWN D. INSIDE CITY LIMITS?					
	Thereofen Nursey Home	E. STREET AND NUMBER					
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs.					
-	Mcle Black WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years 11 Under 1 Yr., 11 Under 24 Hrs. Months; Doys Hours Min.					
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even it refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
	18. 4 1 CAUSE OF DEATE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ASCVD					
	I neuli lullule, disinenta, etc. Il menns me disense	A CONSEQUENCE OF:					
	injury or complication which caused death.)	D P A					
	ANTECEDENT CAUSES (B) [Mr. Brain Lynch Sauce						
	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	A CONSEQUENCE OF:					
	11						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************					
	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)	or obout 21 C. WHERE DID (If In Boltimore City, give exoct location) lice bldg., INJURY OCCUR?					
	21D.TIME (Month) (Doyl (Yeor) (Hour) 21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?					
	22. I certify that (I) (this hospital) attended the deceased from	9-12- 1968 to 12-5- 1971					
	that (I) (we) last sow the deceased alive on	19 to 19 19 19 19 19 19 19 19 19 19 19 19 19					
	and hour and from the causes stated above. (1) (We) (did) (did not) vi						
	23A. SIGNATURE ALE T. Sony / a Could M.D. Atter	23B, DATE SIGNED					
	23C. PHYSICIAN'S NAME (Typel A A A A A A A A A A A A A	ANATOMY BOARD OF MARXILAND					
	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CRE	UNIVERSITY MEDICAL CONSCRIOUS (Stotel					
	25A DATE BEC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS					
	FO 11 TO 00 00 00 500 0000	MORTUARY SERVICE RCHD					

1304 Dukeland St.
12/68

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

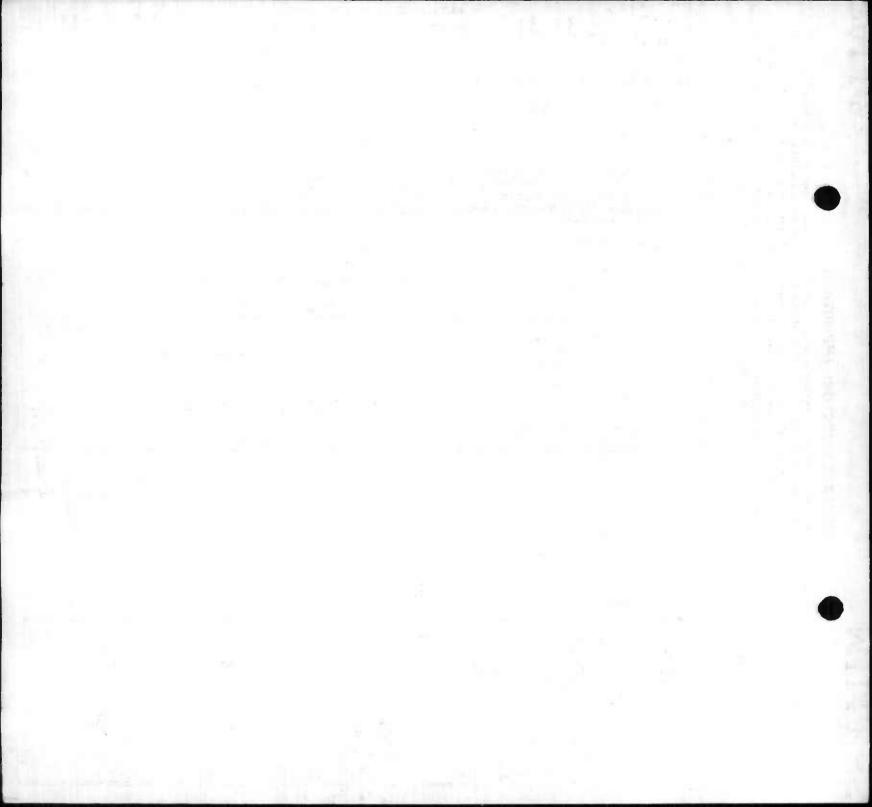
FIRT	7-535 7	1 11543		HEALTH DEPARTMENT	REG. NO.	1 11543
1. N.	AME OF DECEASED			2. DATE AN	ND HOUR OF DEATH	
	e or Print) MARIC	2 R. 1	ANTHONY	Nove	when 27.11	9711 12 30 AM
3. P	LACE IN BALTIMORE, MA	RYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ne deceased lived If insti-	tution: residence before admission)
FUL HO:	L NAME OF (IF NOT SPITAL OR ADDRES	IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Maryland		1205
INS	Mary.	land Coes	recal Haspital	C. CITY OR TOWN		CITY LIMITS?
19				E. STREET AND NUMBER		
5. SE	EX 6. RACE	Z. MADO	RIED NEVER MARRIED	1710 St.	Paul ST	21202
F			WED DIVORCED	12-3-00	lost birthdoyl	If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
10A.	USUAL OCCUPATION (Give	kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
done	during most of working life, eve	n if retired]		Maryland	0	U.S.A.
13. F	ATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
15. W (Yes,	/as Deceased Ever in U. S. no or unknown) (If yes, give	Armed Forces?	Cel SECURITY NO.	17. INFORMANT		ADDRESS
	No -		JECOMII NO.	Daughter - L	ouise Cull	em - SALLE.
1	18. 443111	+2501	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
H	DISEASE OR COND			1		1100
	(This does not mean the heart tailure, asthenia, etc.	mode of dying,	e.g., (A) IMMEDIATE CAU	SE CHAM NEG A CONSEQUENCE OF: (P.)	alure Sips	12 To lider
	injuly or complication whi		use,	(1)06	Aurabili	4)
	ANTECEDENT		(B) Dec	abitus U	cleers	weeks
	DISEASES OR CONDITION The above controls The	ONS, il any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION		(c) ter	ipheral Va	Iscular Du	ear years.
ATI	THER SIGNIFICANT CONDITION THE DEATH BUT NOT REDISEASE OR CONDITION GIVE	LATED TO THE TERMIN	NG DI	abeter N	lellitus	2 years?
CERTIFIC	9A. DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	DINGS CONSIDERED
1 6	TA. ACCIDENT WAS UND	ERLYING SE O F	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, oll	n or about 21C. WHERE DID fice bidg., INJURY OCCUR?		City, give exoct locotion)
1101	DEATH (notify medical exam		etc.)			
	PF INJURY (Month) (Do	y) (Yeor) (Hour)	21E INJURY OCCURRED While At Not While	21F. HOW DID INJ	URY OCCUR?	
	APPROX.)		Work - At Work			
	2. I certify that (1) (this		1			ember 27 1971
11 1	hat (1) (was) last saw the			19 and the	at in (my) (our) apinia	n death occurred on the date
2	and haur and from the causes stated abave. (1) (We) (did) (did mot) view the bady after death.					
	Attending Med. Stoff De 11/25/5					
2	23C. PHYSICIAN'S DEGREE 123D ADDRESS					
	KICHAUC C. KEOWN MD. MARINAROUS CRUCIO HELDING					
24A.	BURIAL CREMATION, 248. REMOVAL (Specify)	DATE 240	C.NAME OF CEMETERY OF CRE	MAISHA U 1 24 D 0	TANDE OF 1911	awit ourty (Stote)
	1	4-3-11		UNIVERSITY	MEDICAL	CB001
DE	C. 4. 197 EVELLE	SEPT. C. 258. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	MEDICAL S	CITO ADDRESS
VS 1	50-REV. 1/1/68		() () min	MARSUARY	SEDVICE	D.CHO

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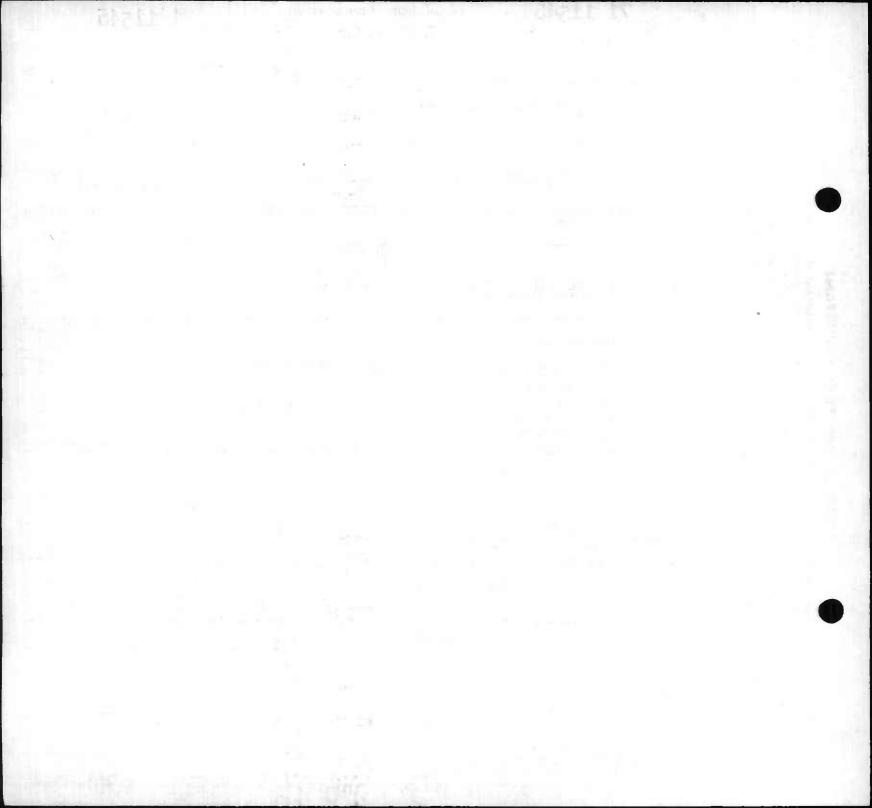
4:

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

0		BALTIMORE CITY	HEALTH DEPARTMENT		L
BIRTH NO.	620 71 11544	CERTIFICA	TE OF DEATH	REG. NO	
Type or Pri	of Deceased Boy Crou	se	2. DATE	1/29 /71	1 /250 AM.
3. PLACE	IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A STATE B CO	here deceased lived. If i	nstitution: rasidence before admission)
FULL NAM	ME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Md.	1 to be	10 53.00
INSTITUTIO	SBGH		C. CITY OR TOWN	D. INS	YES NO
4-	3 212014		E. STREET AND NUMBER		
			00000	MONUMEN	
5. SEX	Caucasian WIDOV		8. DATE OF BIRTH	9. AGE (in years last birthdoy)	If Under 1 Ye If Under 24 Hrs. Months Doys Hours Min.
	L OCCUPATION (Give kind of work 108, KINE most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
done during	most of worming title, even a remody				
13. FATHER	I'S NAME		14. MOTHER'S MAIDEN N	IAME	
Ro	alph Crouse		PATRIC	14	
15. Wes De (Yes, no or u	occased Ever in U.S. Armed Forces? Inknown) (If yes, give war or dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT	/- +	ADDRESS
			Hosp. C	han7	APPROXIMATE INTERVAL
18.	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	H.		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	CANIMMEDIATE CAU	ne Hualine	Membrane i	nsease 24 lus.
(This heart	does not mean the mode of dying, failure, asthenia, etc. It means the dise	B.G. DILETO OR AS	A CONSEQUENCE OF:		
injury	or complication which caused death.)		, ,		
	ANTECEDENT CAUSES	emature ty			
	ISES OR CONDITIONS, If any, given to the above cause (A) stating	11113	A CONSEQUENCE OF:		
UNDE	RLYING CONDITION last.	(c)			
Z	11 SIGNIFICANT CONDITIONS CONTRIBUTIONS	NO.			
E TO THE	E DEATH BUT NOT RELATED TO THE TERMIN SE OR CONDITION GIVEN IN PART 1 (A).	IAL			
	ATE OF OPERATION 198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
E 0					No
OR CO	CCIDENT WAS UNDERLYING DISTRIBUTING CAUSE OF I (notily medical examined)	218. PLACE OF INJURY (e.g., i home, form, fectory, street, o etc.)	n of about 21 C. WHERE DIE	(II In Boltimo	ore City, give exact location)
21 D. TI		21E INJURY OCCURRED		NJURY OCCURT	
EIAPPRO		While At While Not While Work			
22. 1	certify that A) (this hospital) attende	ed the deceased from	11/27	19 <u>71</u> to	11/29 19 71
that (4	(we) last saw the deceased alive	on	19 <u>71</u> ond		Inlan death accurred an the date
and hour and from the causes stated abave. (H) (We) (dld) (dld not) view the body after death.					
					23R DATE SIGNED
220.45	HARIELANE CE-COMPE	DEGREE Phy	s. Director L	Staff Phys.	11/21/1/
	AME (Type) James A. Kop	yee mi)	23D. ADDRESS 5 BG	<i>H</i> .	
24A. BURIA	AL CREMATION, 1248, DATE 124	C. NAME OF CEMETERY OF AR	VITORU DA	ALBORIOGE MA	(State)
REMO	OVAL (Specify) 12-10-71		LITTED AT THE	upple to	CBOOL
25A. DATE	A R ARMED CLA A A 7	ME OF REGISTRAR	MA DIRECT	BEUICAL S	CHULADDRESS
DEC		Bey M.D.	MORTUAR	Y SERVICE	RCHD
VS 150-RE	V. 1/1/68		6 5 6 8		



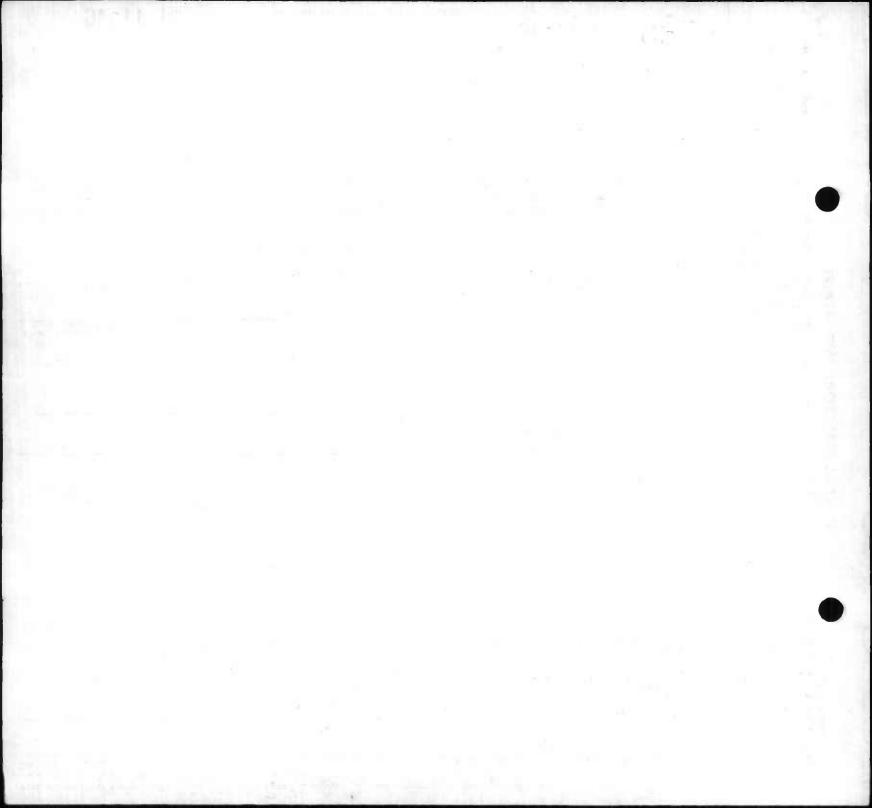
REG. NO.71 11545 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH -20253 rif death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased was in regular attendance on the BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Baby Girl Chanev death. 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 Balto NO YES Mercy Hospital prior E. STREET AND NUMBER 200, 3. Madison Ave disposition is mad 9. AGE (In years last birthday) 5. SEX 8. DATE OF BIRTH If Under 1 Yr. If Under 24 His. 6. RACE 7. MARRIED NEVER MARRIED deceased House WIDOWED DIVORCED IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct or his assistant if Not stated Marguette death LO 15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yas, give war or dates of service) ADDRESS or final SECURITY NO. attendance fracture of any APPROXIMATE INTERVAL CAUSE OF DEATH pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dyling, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, authenia, etc. It means the disease, chief medical examiner examiner. (3) A fractu regular injury or complication which caused death.) who ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: before the remains are DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the .5 UNDERLYING CONDITION fast physician Was any nature; (2) Body burns; medical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19% CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION the Ø 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21% PLACE OF INJURY is go in or obout 21% WHERE DID home, farm, factory, street, office bidgo INJURY OCCUR? (If In Baltimare City, give exact location) where the body was released to the hospital MEDICAL DEATH Inatify medical examined approved by obtained (Month) (Day) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At [IAPPROX. At Work and Wark 22. I certify that (I) (this hospital) attended the deceased from leath); and that In (my) Kour) opinion death occurred on the date 90 that (I) (we) last saw the deceased alive on. of hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must shows: (1) An accident 23A. SIGNATURE 23 B. DATE SIGNED certificate must T m. P Attending [Staff Phys. Med. prior to Director L Phys. approval ō 23 C. PHYSICIAN'S 23D. ADDRESS 40 NAME IType DEGREE D.O.A. 24A. BURIAL CREMATION, 248 DATE 24C. NAME of CEMETERY of (Stote) bespesed REMOVAL (Specify) written 2-10-Was SAMEALTH OFFTO 258. NAME OF REGISTRAR 73 VS 150-REV. 1/1/68



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

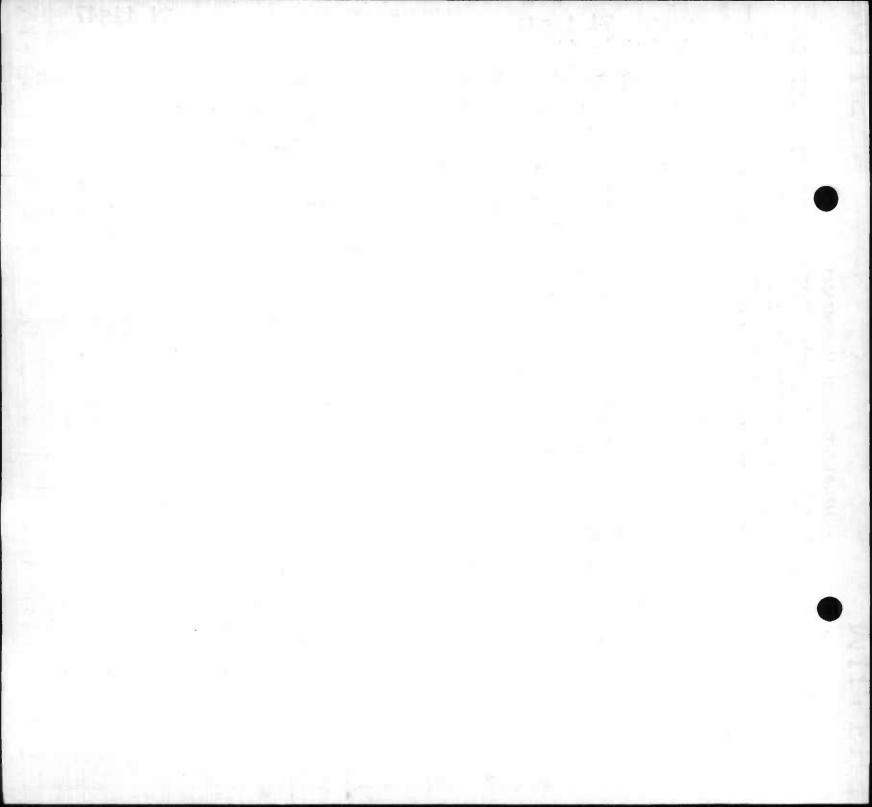
VS 150-REV. 1/1/68

	1-520	44 44 = 40		BALTIMORE CITY			PEG NO. 71	11546 4
	TH NO. 71-2000	1 11546		CERTIFICA	IE OF D	EATH	REG. 110	
	pe or Print) Baby	Boy 1	anka	20_		2. DATE AN	HO HOUR OF DEATH	853)
3.	PLACE IN BALTIMORE	MARYLAND, WHERE	FRONOUN	CED DEAD	4. USUAL RESIL	B. COUN	re deceased lived. If insti	lution: residence before admission)
FU	LL NAME OF (IF N	OT IN HOSPITAL OF	INSTITUT	ION, GIVE STREET	M	d.		2303
IN	NOITUTION	ORESS OR LOCATION	J.		C. CITY OR TOW	N	D. INSIDE	CITY LIMITS?
1	, South	Ralt. Ger	1. 170	Spr	E. STREET AND	NIIMREP	Υ	ES NO
	+3				1237		VesT.	
5.	EX 6. RACE	7- M	ARRIED	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	Il Under 1 Yr. , If Under 24 Hrs. Months; Days Hours; Min.
	N		OWED	DIVORCED _	12/4/1	71		3
don	USUAL OCCUPATION (during most of working life	Give kind of work 108, it , even if retired)	IND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE	(Slote or fore	ign countryl	12. CITIZEN OF WHAT COUNTRY
12								
130	FATHER'S NAME	٧.	1 00		14. MOTHER'S	MAIDEN NA		
15.			LCC.	6. SOCIAL	TO INFORMANT	ia -	ee Copple	e man.
(Ye	Was Decoused Ever in U i,no or unknown! Ilf yes, g	ive war or dotes of s	ervice)	SECURITY NO.	Hack	01.	+	ADDRESS
-	18. ~ 77 17 1/	•		CAUSE OF DEATH	Hesp.	Cha	al ·	APPROXIMATE INTERVAL
	1///	NOTION DIRECTL	Y	CAUSE OF DEATE			4	BETWEEN ONSET AND DEATH
	LEADING	TO DEATH		(A)IMMEDIATE CAU	SE Ta	mate	units	3 hrs.
	(This does not mean heart failure, asthenia, injury or camplication	etc. It means the d	sease,		CONSEQUENCE	OF:	7	***************************************
	ANTECED	ENT CAUSES		des.				
	DISEASES OR CONT	DITIONS, if any,	giving	(B) DUE TO, OR AS	A CONSEQUENC	E OF:		
	rise to the obove UNDERLYING CONDI		g the	(c)			***********************	*******************************
z	OTHER SIGNIFICANT CO	II	ITING					
ATIC	TO THE DEATH BUT NO DISEASE OR CONDITION	TRELATED TO THE TER	MINAL	***********	*************		************	
FIC	19A. DATE OF OPERATIO		FOR WH	ICH OPERATION	20A. AUTOPS	(Yes or No	IN CERTIFYING CAUSE	DINGS CONSIDERED
CERTIFICATION	O ACCIDENT WAS I				N			
MEDICAL C	21 A. ACCIDENT WAS LOR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	AUSE OF	home,	ACE OF INJURY (e.g., in farm, foctory, street, off	ce bldg., INJURY	OCCUR?	(If In Boltimore C	City, give exect location)
EDI	21D. TIME [Month]	(Doyl (Yeorl (Hou	d 21E IN	JURY OCCURRED	21F. HO	W DID INJ	URY OCCUR?	
2	(APPROX.)		While	At Not While				
	22. I certify that (4) (this hospital) atte	nded the	deceased from	17/4 (32	PM) 1	19 <u>71 ta 1</u>	12/4 (85 pm) 19 2/
	that (A) (we) lost sow			10/4	19_7/			n death occurred on the dote
	ond hour and from the	couses stated ab	ave. (H) (We) (dld) (did not) vl	ew the body of	ter death.		
	23A. SIGNATURE	1 6	_	Atten	ding Me	d. C	/	B. DATE SIGNED
	230; PHYSICIAN'S	U. Copy	per 1	DEGREE Phys.	Dir	ector 🔲	Stoff Phys.	144/2/
	230. PHYSICIAN'S NAME (Type)	es A V	opper		CA	2611		
24A	BURIAL CREMATION,	248. DATE	24C. NAM	DEGREE	WATON	210	ARD OF MA	(Stote)
	REMOVAL (Specify)	12-10-21			15175 tm = 4	LOUE	ALDRO CE CO	cmoof.
25A	DATE REC'D BY HEAL	H DEPTO DEE W	AMBOE	FEGISTRAR		N N N	MEDICAL S	LIUUL



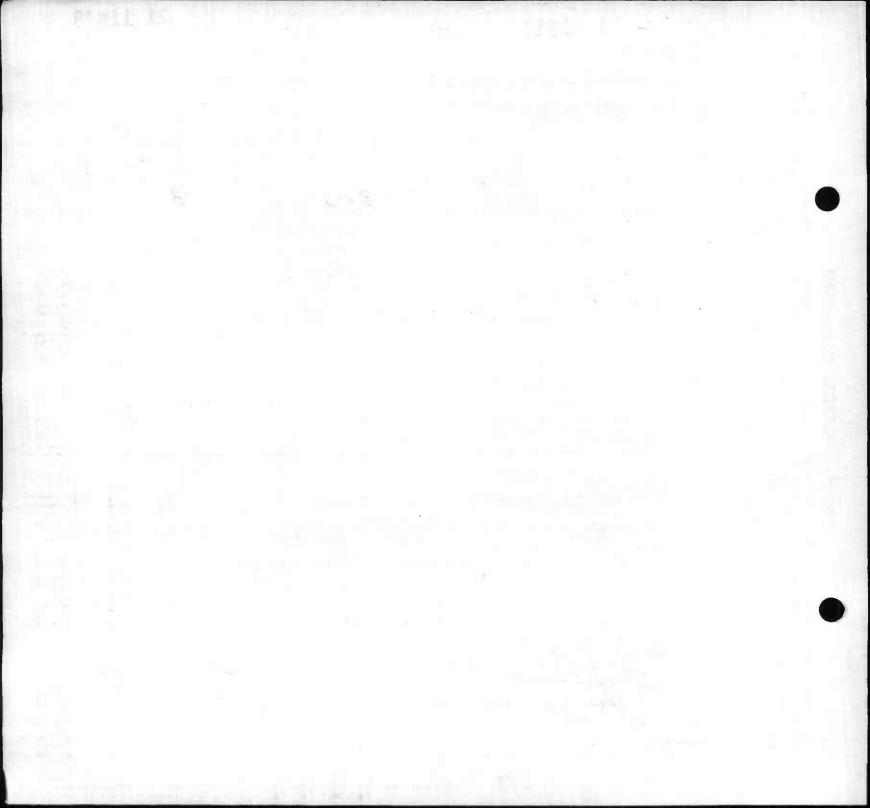
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	D-120 71 1154		TE OF DEATH REG. NO	71 11547
- N	BIRTH NO. 71 - 19567 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	H
	Type or Print) Davis, Bab	N BOY	Nov 26,1971	18:04 A.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHEI	RE PRONDUNCED DEAD	4. USUAL RESIDENCE tWhere deceosed lived, It	institution: residence before admission)
- 11	FULL NAME OF HDSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	Md Angrandel Co	ISIDE CITY LIMITS?
- II	43		Gen Burne	YES NO
	South Baltimore Ge	meral Hospital	6. STREET AND NUMBER LO 19 COSTOLYN ROL.	
5		MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	Il Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
		IDOWED DIVORCED	11-24-71	1 20
	10A. USUAL OCCUPATION [Give kind of work 108 done during most of working life, even if refired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
			Ma.	u.s.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Bobby Davi		Joann Auten	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	18. 7 7/	CAUSE OF DEATH	1	APPROXIMATE INTERVAL
	DISEASE OF CONDITION DIRECT	TLY	Hyaline Membrane D.	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	35	iscase 43 hours
	heart failure, asthenia, etc. It means the	disease.	A CONSEQUENCE OF:	
	ANTECEDENT CAUSES	im.)	Prematurity	1.2.
	DISEASES OR CONDITIONS, if any,	(B)	A CONSEQUENCE DF:	44 hours
	rise to the above cause (A) sta	ting the	A CONSEQUENCE DF:	
	UNDERLYING CONDITION last	(c)		
	O OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1	ERMINAL	***************************************	
	194. Date of Operation 198. Condition Was Perform	ON FOR WHICH OPERATION	20A. AUTOPSY? IVes or No. 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If In Boltime	pre City, give exoct location)
	DEATH (notify medical examined)	home, form, factory, street, olf	ice bldg. INJURY OCCUR?	
	OF INJURY Month (Doy) (Year) (H	out 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX)	Work Not While		
	22. I certify that (i) (this hospital) at	tended the deceased from ///	124 12:40 PH 1971 to 11/2	26 8:04 AM 1971
	that (1) (we) last saw the deceased al			
Ш	and hour and from the causes stated o	abave. (!) (We) (did) (did nat) vi		
	23A, SIGNATURE D	,		23B DATE SIGNED
	Muri.	Alten Phys.		11/26 71
	23C. PHYSICIAN'S NAME (Type) JR A . GRG	DEGREE	3D. ADDRESS	
.	011,424		ANATOMY BOARD OF	MARVIAND
2	24A. BURIAL CREMATION. 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CREA	MATDRY 24D. LOCATION (C	City, town, or county) (Stote)
	12-10-71	1	UNIVERSITY MEDICA	L SCHOOL
2	FC 14 1971 Haber E. Ja.	Ben, A.D.	25 MURTUARY SERVICE	E - BCHD"
V	/S 150-REV. 1/1/68		14 5 11 5	



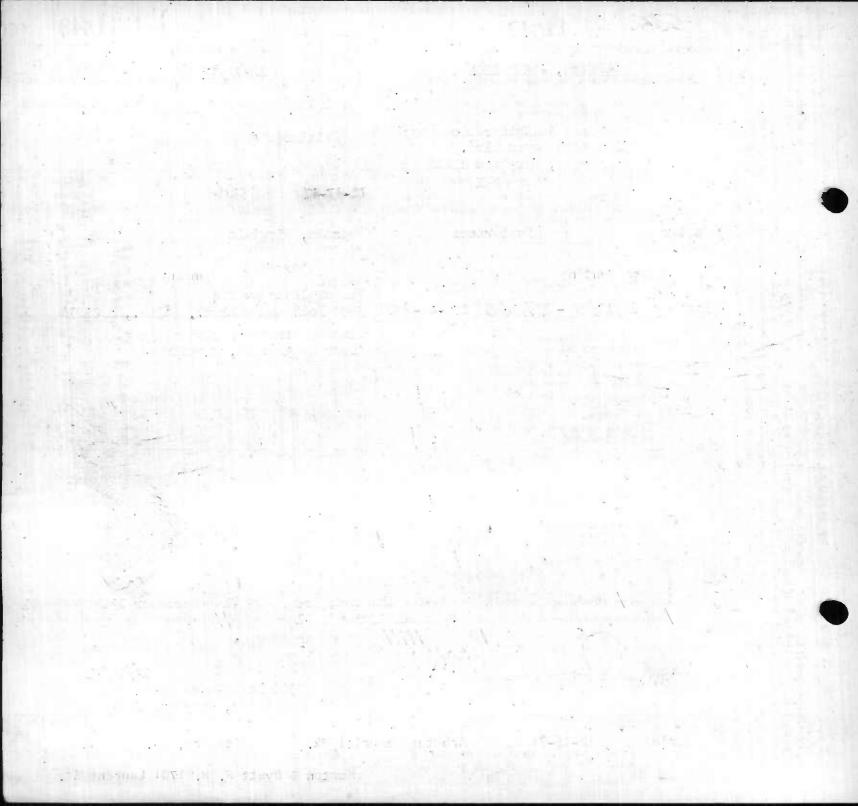
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CIT	Y HEALTH DEPARTMENT 74 44 MAO
DIKITI ITO.	ATE OF DEATH REG. NO. 71 11548
TAMES ITYPE OF PRINTING SIMPSON JAMES	(2-9-7/. 12:05/24) M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROMOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	md. Baltimare 1504 C. CITY OR TOWN D. INSIDE CITY LIMITS?
43	Bellimere. YES NO
SONTH BACTIMORE GON HOSP.	2014. walkook Ne # 2147.
6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years of Months Days Hours Min.) 19. AGE (in years of Months Days Hours Min.)
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired tarmer.	VAGOUNT Va. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Alice?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes at service) SECURITY NO.	17. INFORMANT ADDRESS
NO 224-47-9/60.	A. SOUTH BARTIMORE GON HOY.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	nic Obstrickie put disease
	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	of lysewa.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OF DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED WAS PERFORMED 121A ACCIDENT WAS UNDERLYING TO 121B PLACE OF INJURY IS OF	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF hame, form, factory, street, of DEATH (coffer medical exercises)	in ar about 21C. WHERE DID (If in Boltimore City, give exact location) fice bldg., INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Haust 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While A! Not Whi	
22. I certify that (I) (this hospital) attended the deceased from	2-5-7/. 19 10 12-5-7/: 19
i i	and that in (my) (aur) apinian death accurred an the date
and hour and from the causes stated above. (i) (We) (did) (did nat)	
DEGREE Phy	anding Med. Stoff Phys. 23R. DATE SIGNED 12/8/2/
	South Salto Gen. Hon
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 12/12/71 Massenford B. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	C. Cem. Massenford, Va.
DEC 14 1971 Robert E Jaben M.A.	Manager Comment of the Comment of th
VS 150-REV. 1/1/68	1701 Jaurens St 21217



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

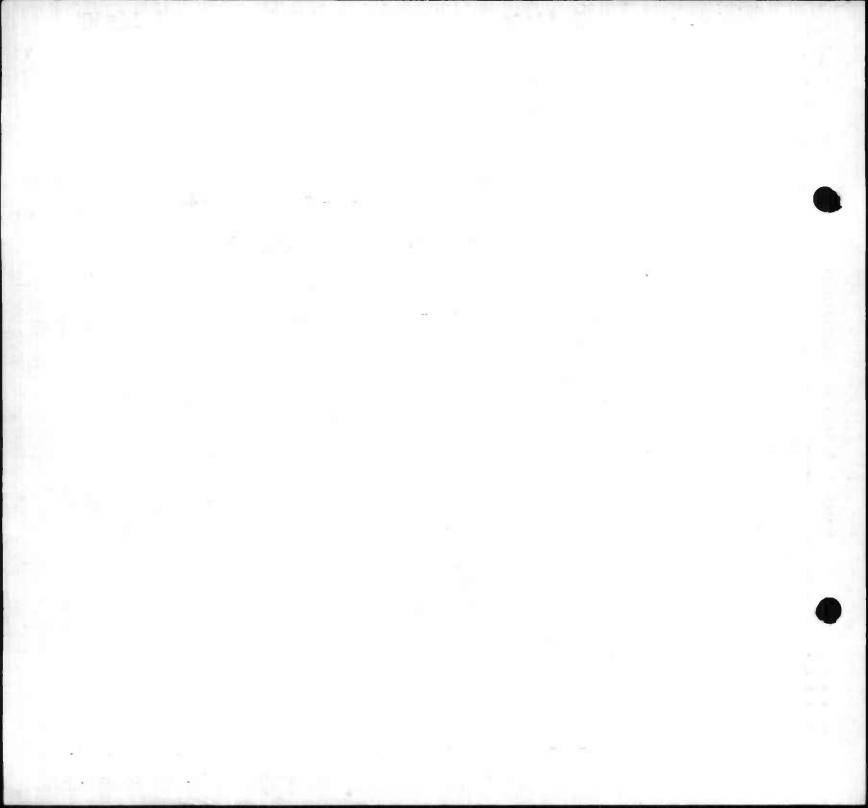
0			BALTIMORE CITY	HEALTH DEPARTMENT			
0	-535 7:	1 11549	CERTIFICA	TE OF DEATH	REG. NO	71 11549	
	NO. AE OF DECEASED			2. DATE AN	D HOUR OF DEATH		
(Type	Print) BIINT	ING. JAMES	TEOM	3.0	120 /20	11:55 AM	
3. PLA	CE IN BALTIMORE, MAI	RYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e decessed lived. If i	nstitution: residence before admission)	
HOSPI	TAL OR ADDRES	IN HOSPITAL OR IT	ISTITUTION, GIVE STREET	Maryland	D INI	SIDE CITY LIMITS?	
INSTIT	Veter	ans Admini	stration Hospita		0. 1143	YES NO	
2		Loch Raven		E. STREET AND NUMBER		120 23 110	
		more, Mary		3/11 0	UINDSOK	AVE	
5. SEX	6. RACE	7. MAR	RIED X NEVER MARRIED	B. DATE OF BIPTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
M	ale Negro	WIDO	WED DIVORCED	12-17-17	53		
	SUAL OCCUPATION (Give		D OF BUSINESS OR INDUSTRY	11. Sharrit ALE (State or fore)	ountry)	12. CITIZEN OF WHAT COUNTRY?	
	rter		t Store	Boxton, Virgi	nia	USA	
13. FA	THER'S NAME	*		14. MOTHER'S MAIDEN NAM	ΛE	Obt	
				Margare	t.		
IS. Wa	Moses Bun		1 6. SOCIAL	17. INFORMANT	Duncan	ADDRESS	
Yes, no	orunknown) (If yes, give	wor or dotes of serv	SECURITY NO.	VA Hospital Re			
Ye	1-1-	42 - 12/21	/45 229-10-9020	3900 Loch Rave	n Blvd., Ba	alto. Md 21218	
18.	1000		CAUSE OF DEATH	Bladder carcin		APPROXIMATE INTERVAL	
	DISEASE OR CONT			four metastas		9	
(T	his daes not mean the		(A) IMMEDIATE CAU	A CONSEQUENCE OF:	es, wrdesbi	read	
he	eart failure, asthenia, etc jury ar camplication whi	. It means the dis		A CONSEQUENCE OF:			
10	ANTECEDEN						
			(B)	A CONSEQUENCE OF:			
	ISEASES OR CONDITI			A CONSEQUENCE OF:			
U	NDERLYING CONDITIO	N last.	(c)				
	11						
0 0	THER SIGNIFICANT COND THE DEATH BUT NOT RE						
∢ DI	SEASE OR CONDITION GI	VEN IN PART 1 (A).		100 A	N COR OF MAR ANDRE	THE PART OF THE PA	
19. 19.	A. DATE OF OPERATION	WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
CERTIF	A ACCIDENT WAS UND	DERLYING	21 B. PLACE OF INJURY (e.g., i	NO n or obout 21 C, WHERE DID	(If in Boltimo	re City, give exoct locotion)	
_ 01	A. ACCIDENT WAS UNE R CONTRIBUTING CAL EATH (notify medical exon	JSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(1)	e dispression of the state of t	
2				215 110 11 11 11 11	Hay Ocalina		
S OF	FINJURY	oy) (Yeor) (Hour)	While At Not While	21 F. HOW DID INJ	ORT OCCUR?		
IA	PPROX.)		Work ! At Work				
22	. I certify that (1) (this haspital) attended the deceased from December 3rd 19 71 to December 13th 19 71.						
th	at (I) (we) last saw th	ne deceased alive	on December 1	13th19 71 and the	at in (figh) (aur) ap	Inian death accurred an the date	
					,,		
and haur and fram the couses stated abave. (M (We) (did) (ghd hay view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED						23B. DATE SIGNED	
	NC-	10 (Staff Phys.	30/30/73	
23	C. PHYSICIAN'S	chi ph	GEGREE Phys	000 400000		12/13/71	
-3	NAME (Type)			2300 74	och Raven E		
244	Unial Carlo Avion	D DATE	GEGREE GEGREE		ore, Maryla		
Z4A. B	URIAL CREMATION, 241	b. DAIL	IC. NAME of CEMETERY OF CRI	EMAIORY 24D. LO	OCATION (C	City, town, or county) (State)	
		12-16-71	Arbutus Mem		Baltimore,		
25A. C	ATE REC'D BY HEALTH		ME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS	
OF	C14 19/7	Bert E. Fail	cy M.D.	Morton & Dye	tt F. H. 17	01 Laurens St.	
VS 150	D-REV. 1/1/6B	1 7	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in

VS 150-REV. 1/1/68

EIRET NO. LHARKE OF DECERTED THE NAME OF STATE AND HOUSE OF DEATH SESSOME SLITTON PHIL NAME OF STATE HAMINOSE MARRIAND, WHEE PRONOUNCED DEAD PHIL NAME OF STATE HAMINOSE MARRIAND, WHEE PRONOUNCED DEAD PHIL NAME OF STATE HAMINOSE MARRIAND, WHEE PRONOUNCED DEAD PHIL NAME OF STATE HAMINOSE MARRIAND, WHEE PRONOUNCED DEAD PHIL NAME OF STATE HAMINOSE MARRIAND, WHEE PRONOUNCED DEAD PHIL NAME OF STATE HAMINOSE MARRIAND, WHEE PRONOUNCED DEAD PHIL NAME OF STATE HAMINOSE MARRIAND, WHEE PRONOUNCED DEAD PHIL NAME OF STATE HAMINOSE MARRIAND WHEE PRONOUNCED DEAD PHIL N		5-252 71 11550 BALTIMORE CITY	HEALTH DEPARTMENT 71 11550						
LINAME OF DETERMINE SCHOOL			TE OF DEATH						
3. PLACE IN BAILMORE, MARTLAND, WHERE PROMOUNCED DEAD A STATE A		1. NAME OF DECEASED							
BULL NAME OF INSTITUTION OF CONTINUES ADDRESS OF COCATIONS OF COCATION		JOHN SESSONES (Suttren	1) Rec 11,1971 7-150 M						
ADDRESS OF LOCATION CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBU		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)						
Sac Marker Mark		HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN ID. INSIDE CITY LIMITS?						
SEEK		3 = 11 / 11							
Maile Negro Widowed Diverse marked 3-22-23 Solidary 48 Maintain Day's House of All Mode of Maintain Day's House of Maintain Day's Ho		30 Church Home of Hospital							
MBLE MOSTO WIDOWED DIVORCED 3-22-25 48		5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs.						
Teacher's name Construction North Carolins			3-22-23						
I.S. WARD DEPOSAGE Free Is U. S. Amed Forces? I.G. SOCIAL SECURITY NO. IV. INFORMANT I.G. MOTHER'S MAIDEN NAME I.G. MOTHER'S MAIDEN		10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT CDUNTRY?						
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Secretable fives, give were of doles of services 16. SOCIAL 17. INFORMANT 17. INFORMAN		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) DEATH (notify medical examines) home, form, fociory, street, office bidg, invitation of the course of those of invitation of the course of the course of the date and hour and from the causes stated above. (i) (We) (did) (did not) view the body ofter death, 22. I certify that (I) (this hospital) attended the deceased from		OISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************						
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While At Work 22. I certify that (I) (this hospital) attended the deceased from December 19 7/ to December 19 7/ and that In (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death. 23A. 5IGNATURE 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CEME tory 25C. FUNERAL DIRECTOR		O	21F NOW DID IN HERY OCCUPY						
22. I certify that (I) (this hospital) attended the deceased from		While At Not While							
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23C. PHYSICIAN'S NAME (Type) CHURCH PUDDIOS M.D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (Stote) Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		De Soulolis UD Attention	nding T Med. T SWH T						
NAME (Type) GEMMA P- TNDOLOS, M.D. Church Home & HoopeTal. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CREMATORY 24D. LOCATION (City, town, or county) (Stote) BUT181 12-14-71 Mt Calwary Cemetery Anne Arundel Ctyl, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		23 C. PHYSICIAN'S							
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Burial 12-14-71 Mt Calwary Cemetery Anne Arundel Ctyl, Md. 25A. DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D, LOCATION (City, town, or county) (State)						
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS		REMOVAL (Specify)							
1000 1 A 1014 O A A B Z A A A A									
Wind March 928 E. North Ave.	DEC 14 1971 Robert E. Rabert A.D. Wm & March 928 E. North Ave.								



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written

Was

7

REMOVAL (Specify)

VS 150-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

12

15

258. NAME OF REGISTRAR

Esk P. 400_ 71 11551 53-38-03 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH hospital and iuse of death ;; (5) Deceased Such I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES POK E. STREET AND NUMBER 1020 N. Carey St. Baltimore, Md. made. 5. SEX 6. RACE 8. DATE 9. AGE Un years 7. MARRIED VEVER MARRIED If Under 1 Yr. Negro WIDOWED DIVORCED TOR KIND OF BUSINESS OR INDUSTRY III. BIRTHPLACE (Slote or foreign country) IOA, USUAL OCCUPATION (Give kind of world 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME C 0 7 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give war or dates of service) 1 6. SOCIAL 17. INFORMANT 4940 Eastern Ave. final SECURITY NO. BCH Records: Baltimore. Md. 21224 CAUSE OF DEATH -DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES GLO DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A rise to the above cause (A) stating the UNDERLYING CONDITION last before the remains 11 TIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSYZ (Yes or No) WAS PERFORMED CER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) to the hospital MEDICAL DEATH (notify medical examiner) any nature; obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved OF INJURY (except While At p Not While 1 (APPROX.) At Work Work 22. I certify that this hospital attended the deceased from death); that (i) (we) last saw the deceased alive an 99 and that in (my) (our) opinion death occurred on the date of hospital was released must and haur and from the causes stated abave (i) We) did (did not) view the bady ofter death. An accident 294-SIGNATURE 23B DATE SIGNED Attending Med. 0 approval Phys. Director 0 23C. PHYSICIAN'S prior 23D. ADDRESS to. NAME (Type) ANIEL ARIAGLIA D.O.A. DEGREE 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY pespese (City, town, or

M.

odmission)

If Under 24 Hrs.

NO

Doys

U.S.A.

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(State)

county

ADDRESS

DIRECTOR

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VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

258, NAME OF REGISTRAR

Jaben M.D.

25C. FUNERAL DIRECTOR

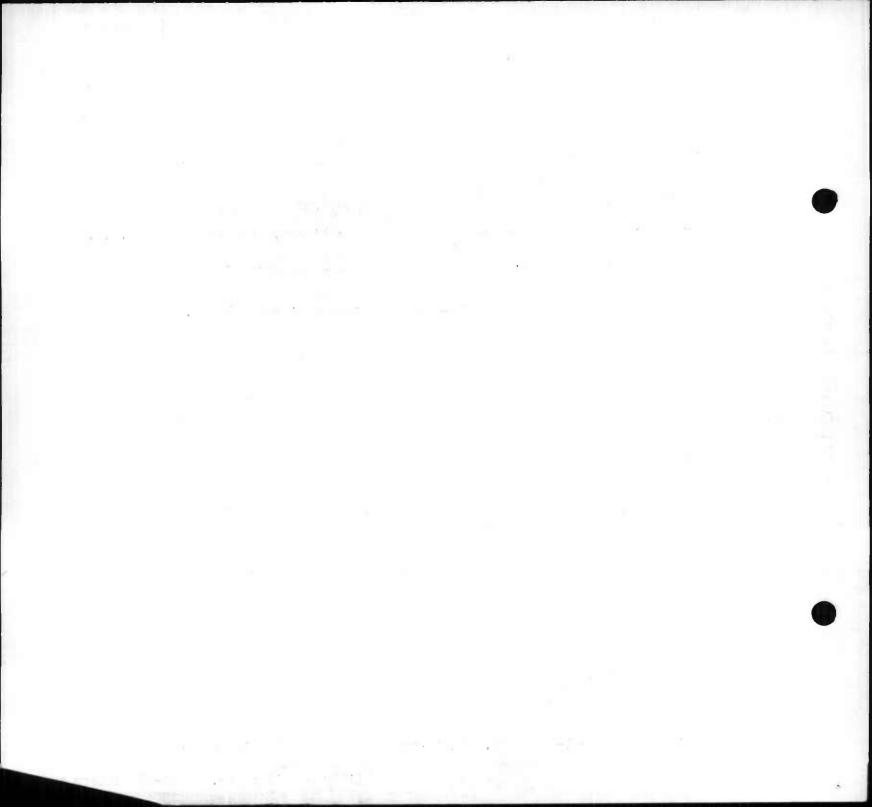
ADDRESS

IMPORTANT FUNERAL DIRECTOR:

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. and the Body Was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased a hospital if the direct or contributing cause occurred in This certificate must be approved by the chief medical examiner or his assistant if death Also, the body was released to the hospital by a medical examiner. VS 150-REV. 1/1/68

	BALTIMORE CIT	Y HEALTH DEPARTMENT				
1	71 11553 CERTIFICA	ATE OF DEATH REG. No. 71 11553				
	NAME OF DECEASED THERESH GILDEN	2. DATE AND HOUR OF DEATH				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence belore admission)				
	FULL NAME OF ADDRESS OR LOCATION) GIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF ADDRESS OR LOCATION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY LO 4 J Wolf St. Bolto Mal C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER				
5	SEX 6. RACE TO MARRIED TO A STATE OF THE SEX	7043. Walt St				
	Formake whati WIDOWED DIVORCED D	8. DATE OF SIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.				
	OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if relired) HOUSEWILE OWN Home	Baltimore, Maryland U.S.A.				
1	John Kantorski	14. MOTHER'S MAIDEN NAME Mary Levandowski				
13	5. Wos Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL SECURITY NO,	17. INFORMANT ADDRESS				
	No 212-01-6678	Michael Gilden 404 S. Wolfe Street				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head laiture, asthenia, etc., It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE DISEASE OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.					
MOITA	[IDISEASE OR CONDITION GIVEN IN PART 1 (A)	reform of luxura auta				
POTIEIC	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED DISSECTIONE 1908	20A. AUTOPSY? IYes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CAI CRE	218. PLACE OF INJURY (e.g., in OR CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUS	n gr obout 21 G. WHERE DID				
MEDI	21D TIME Month) (Doyl (Year) (Hour 2)E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	22. I certify that (I) (this hospital) attended the deceased fram 11-29 1971 ta 12-13					
	that (1) (we) last saw the deceased alive an 12-13 1971 and that in (my) (our) apinion death occurred on the date					
	ond have and from the causes stated obove. (1) (We) (did) (did not) view the body after death.					
	fire adorin Atte	nding Med. Stoff 7				
	23C, PHYSICIAN'S NAME (Type) DEGREE Phys. Director Phys. 12-13-7/					
24	A BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CRE					
	Burial 12-17-1971 St. Stanislaus	Baltimore, Maryland				
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FILMERAL DIRECTOR				

258, HAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRE Lilly & Zeiler Inc. 1901-07 F



	irred in a hospital and ibuting cause of death ned cause; (5) Beceased lar attendance on the d prior to death. Such ade.
MPORTANT	his assistant if death occulso, if the direct or contri- of any kind; (4) Undetermin unced death was in regu- tendance on the deceased of or final disposition is ma
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approache body was released to the shows: (1) An accident of any was D.O.A. at a hospital (excidensed prior to death); an written approval must be obt

N200

BALTIMORE CITY HEALTH DEPARTMEN		BALTIMORE	CITY	HEALTH	DEPARTMEN	T
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REG.	No. 71	1	15	54

BIRTH NO.71 11554 CERTIFICATE OF DEATH REG. NO. 71 11554						
	NAME OF DECEASED		2. DATE AND	HOUR OF DEATH		
	NICKS, Tom	15	12/13/	171 125 Am	1 M	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution	residenca belora odmissian)	
H	JLL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY		
	of more		E. STREET AND NUMBER	YES [No 🗌	
	GOOD SAM ARITAN	405PITAL	924 N. 1.	DAllas St		
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED		AGE (In years If Und	der 1 Yr. If Under 24 Hrs.	
10.	WIDO LUSUAL OCCUPATION (Give kind of work 10 B, KIN myduring grost of working life, even if refired)		11. BIRTHPLACE (State or loreign	23	TIZEN OF WHAT COUNTRY?	
1	Abover		S. Carol	,	4. S.A.	
113.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0 1		
15.	Was Deceased Ever in U. S. Armed Forces?		Nannie	Scale	. 5	
(Ye	s, no of unknown) (II yes, give wer of doles of serv		Laura Foste	90011	ADDRESS D1	
	18. / 8 4	CAUSE OF DEATH		r - 908N.	APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY	Carof	prostate _		BETWEEN ONSET AND DEATH	
	LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAUS	E c p	netastases	>7 yrs	
	heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	ease,	CONSEQUENCE OF:			
	ANTECEDENT CAUSES	(0)				
-	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		*************	
	rise to the above cause IA) stating UNDERLYING CONDITION last.	(C)	***************************************			
1	- 11					
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI	NG malnut	rition			
ICA	DISEASE OF CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yas at No) 2	OR IF YES WERE SINDING	CONSIDER O	
CERTIFICATI	WAS PERFORMED			OR IF YES, WERE FINDING N CERTIFYING CAUSES OF	DEATH?	
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY (e.g., in hame, larm, laclory, street, affield.)	ar about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(II in Baltimare City, gi	ve exact lacation)	
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?		
<	(APPROX)	While At Work At Work				
	22. I certify that (I) (this hospital) attend	ed the deceased fram	2/3 195	2/ 10 /2/1	3 107/	
	that (1) (we) last sow the deceased alive	on 12/13	19.7/and that I	in (my) (our) opinian dea	ith occurred an the date	
	and hour ond from the causes stated abov	e. (1) (Me) (Ad) (did not) vi	w the body after death.			
	23A. SIGNATURE	1		23 B, DA	TE SIGNED	
	Michael Wwell	Magree Phys.	ding Med. State	12	1/3/7/	
	23C. PHYSICIAN'S NAME (Type)	23	D. ADDRESS			
244	BURIAL CREMATION, 248. DATE 24	LEAL M. DEGREE	GOOD SAMAK	SITAN HOSPI	TPL	
11 2	REMOVAL (Spacify)	C. NAME OF CEMETERY OF CREA	ATORY 24D. LOCA	City, town,	or county) (Stole)	
	BUTIAL DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C. ELINEAU ALCOUNTY, MO					
	DEC 14 1971 Pole &	TOTAL OF REGISTRAR	25C. FUNERAL DIRECTOR	. Kean 1116	A) ADP	
1	150-REV. 1/1/6B	Nachen 14 Din	Lorah J. K.L.	C11 20N-110 1		

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	Inch A A Lipert	BALTIMORE CITY	HEALTH DEPARTMENT	44-55	
BIR	71 11555	CERTIFICA	TE OF DEATH REG. NO. 1	11555	
	AME OF DECEASED De or Print) Paul D. S	owell	Dec. 11, 1971	1/1:45AM	
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived If inst A. STATE B. COUNTY	titution: residence before admission)	
II HO	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET		DE CITY LIWIL2S	
	00 6 Bishops Road		Baltimore E. STREET AND NUMBER	YES NO	
	o Dishops Road			1210	
5. \$	EX 6. RACE WIDOW	TAEAEK WAKKIED	8. DATE OF BIRTH 6-8-1904 9. AGE (in years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.	
	USUAL OCCUPATION (Give kind of work 10B, KINE during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	Ret'd. Executive Dep	ot. Store	Little Rock, Ark.	USA	
13.	Joseph Sowell		14 MOTHER'S MAIDEN NAME		
15. (Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) lif yes, give war or dates of zervi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	No	320-10-9597	Mrs. Paul D. Sowell	Same	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying,	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2990000000000000000000000000000000000	
	heart failure, asthenia, etc. It means the dise injury or complication which coused death.)	ose,	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	No.	ized Arteriosclerosis; hype	rtersion 1966	
	DISEASES OR CONDITIONS, if any, given to the above couse (A) stating UNDERLYING CONDITION last.	ring DUE TO, OR AS	A CONSEQUENCE OF: Obstructive pulmonary dise		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG Dissect	respiratory insufficiency ing aneurysm of the aorta	1968 1968	
	19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A AUTOPST? (Yes or No.) 20R IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?	
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exemined	218 PLACE OF INJURY (e.g., is home, farm, factory, street, of etc.)	n or about 21 C. WHERE DID (If in Boltimore bidg. INJURY OCCUR?	City, give exact location)	
MEDI	21D-TIME (Month) (Day) (Year) (Hour APPROX.)	While At Not While Work At Work	21f. HOW DID INJURY OCCUR?		
	22. I certify that (1) (this hospital) attended the deceased from Secret 19 50 to 12 1/ 19 7/ that (1) (we) last saw the deceased alive an 19 7/ and that in my) (aur) opinion death accurred an the date and hour and from the causes stated above. (1) (We) (Bid) (did not) view the bady after death.				
	23A. SIGNATURE Warele B. Co	M.D.	nding Mod. Staff	23R DATE SIGNED 12-13-71	
	23C.PHYSICIAN'S NAME (Type) Dr. Warde E	1	6 E. Eager Street		
24/	L BURIAL CREMATION, 248. DATE 241. Cremation 12-13-71	C.NAME of CEMETERY OF CRE Greenmount	MATORY 24D. LOCATION (City Balto.,	(State)	

25C. FUNERAL DIRECTOR 4985Kipsn&

258. NAME OF REGISTRAR

Robert

1971

OFC VS 150-REV. 1/1/68

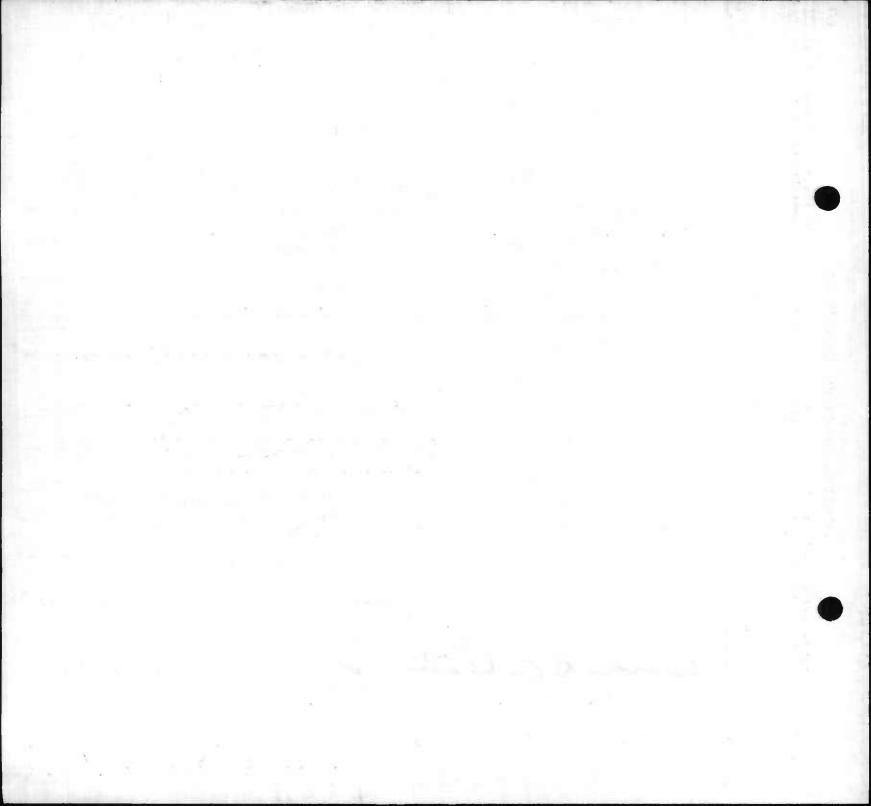
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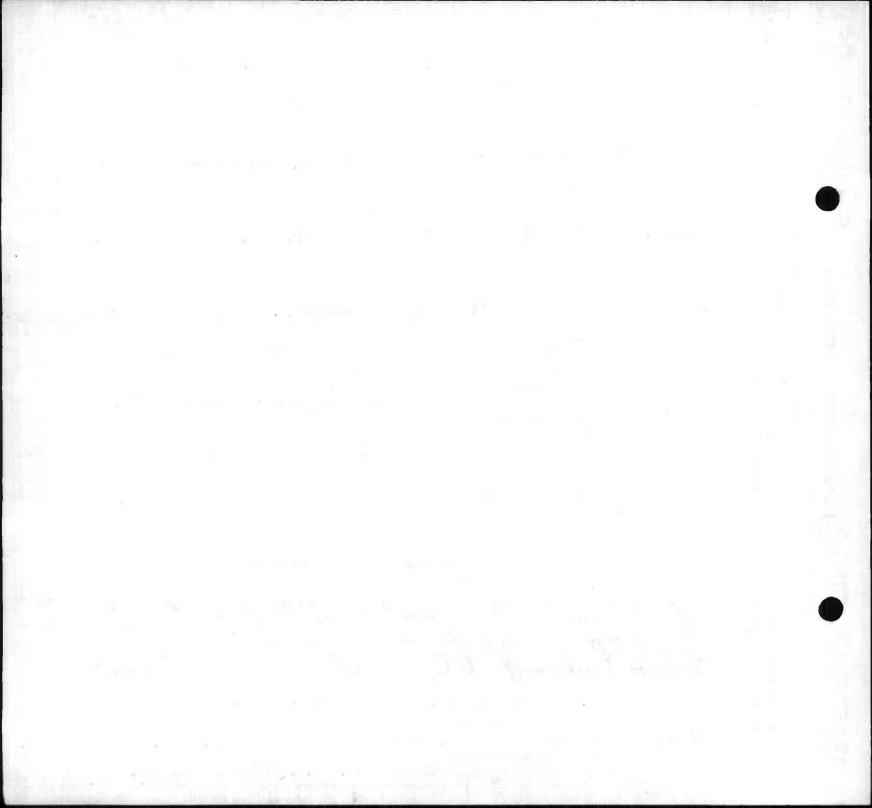
ADDRESS

Galto.,

Road



	71	1155	6		BALTIMORE CIT			REG	. No.71	1155	6	
1.	RTH NO. NAME OF DEC 'pe at Print)		Maude	Ziegle	er Schierer	VIL C	2. DATE	AND HOUR OF	F DEATH 1971		10	0
3,	PLACE IN BAL					4. USU	AL RESIDENCE IW	here deceased		lution: residenc		odmission)
FL	ILL NAME OF	(IF NO		AL OR INSTIT	TUTION, GIVE STREET	11	aryland	UNTY		/	20	Section 2
III	STITUTION						ORTOWN ltimore			CITY LIMITS?	NO [77]	
1	00	823 F	Realimo	ont Ave	nuo		ET AND NUMBER		- '	F2	NO [
L		020 2				33	25 St. P	aul Stre	eet	2	1218	
	SEX F	6. RACE	W	WIDOWED		3-2	OF BIRTH 2-1885	9. AGE iln lost birthday	1	(Under 1 Yr. Aonths: Days	If Und	er 24 Hrs. Min.
do.	USUAL OCCI	UPATION (Gi	ve kind of work	108, KIND O	F BUSINESS OR INDUSTR	11. BIRT	HPLACE Stote or fo	oreign country)		12. CITIZEN O	FWHAT	COUNTRY
				Science	e Practitione	ا ا	ranklin,	Pa.		Į	JSA	
13.	FATHER'S NA	ME					HER'S MAIDEN N				00/1	
				Slage	el .			?				
15. (Ye	Was Deceased s, no or unknown	Ever in U.	Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFO	RMANT			ADD	RESS	
	No				219-36-1506	R	ussell D.	Zieglei	5904	Trum	ps M	ill R
	DISEAS	E OR CON LEADING	DITION DI	RECTLY	CAUSE OF DEAT	Н	A. S. H			APPR	OXIMATE L	
	DISEASES C	asthenia, e oplication w ANTECEDEI OR CONDI	ic. It means hich caused NT CAUSES MONS, if	the disease, death.)	(B) Chro	mic	Conjects	ve he	at f	or au		
	rise to the	above CONDITION	cause (A) DN jast	stating the	(c)			*************	hannananananan			
NOIT	OTHER SIGNIF	H BUT NOT F	RELATED TO TI	HE TERMINAL								
ERTIFICATION	19A-DATE OF			DITION FOR	WHICH OPERATION	20A.	AUTOPSY? (Yes or		S, WERE FIN	DINGS CONS	IDERED	
CALC	21A. A CCIDEN OR CONTRIBU DEATH Inosity	TINO CA	USE OF	218 hon etc.	PLACE OF INJURY (e.g., ine, form, factory, street, o	in or about	21 C. WHERE DID	(14 1	n Boltimore C	ity, give exact	location)	
MEDI	OF INJURY IAPPROX	(Month)	Doyl (Year)		INJURY OCCURRED Not White At Wark	9 -	21F. HOW DID II	NJURY OCCUR	7			
	22. 1 certify that (1) (we)				he deceased from)<<.	7, 1910 71 and	19ta	aur) apinio	c · i/ n death occ		7/ the date
			couses stat	ed abave. ((did not) (We)	lew the	bady after death	10				
	Rober	RE CF	mbe	well	Ath Phy	ending D	Med.	Staff Phys.	23	B. DATE SIGN		
	PHYSICIA NAME IT	um ol)r. Ro	bert R	oubenoff	23D. ADD	Box 285	Ridge	Road			
_	REMOVAL (S	pecify)	B DATE		AME of CEMETERY OF CR			LOCATION		lown, or caunt	у)	(State)
	urial		12-15-	771	oreland Mem			Balto	., Co			Md.
		14 19			aber, M.D.	25C.	4905	ok okins & ork Roa	Sons Id Balt		d. 21	212
VS	150-REV. 1/1/6	58		2 3	3.02		64 24)				



74	11557	BALTIMORE CITY HEALTH DEPART
	TTUUT	CERTIFICATE OF DE

	17/4	441
REG.	No.	يال بالدي

	71 11557		BALTIMORE CITY	HEALTH	DEPARTMENT	REG. NO.	1.44	1 557
BIR	MH NO.		CERTIFICA	TE O	F DEATH	REG. NO.	. J	1907
1.1	NAME OF DECEASED Pe or Print) W. T. L. L. T. A. M.	s Pi	RESTON		2. DATE A	ND HOUR OF DEATH	at	6.10 A.M.M.
3.	PLACE IN BALTIMORE, MARYLAND, WH	ERE RONO	UNCED DEAD	4. USUA	L RESIDENCE (Wh	ere deceased lived. If in		residence before admission)
FU HC	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAT	OR INSTITUTION)	JTION, GIVE STREET	A. STATE			DE CITY	2037
lin.	Lutheran Hospita	al of	Mayland		Limose	D. INS	DE CITY	_
	7,50 Ashburton S	Street 2121	_		T AND NUMBER			,
5. \$			X NEVER MARRIED	8. DATE C		9. AGE (In years		er 1 Yr., If Under 24 Hrs.
101	MIN	WIDOWED	DIVORCED	41	7/96	lost birthday		Days Hauis Min.
don	USUAL OCCUPATION (Give kind of work) (e during most of working life, even if retired)	or kind of Bernie	Lee Hotel-	II. BIRTH	PLACE (State or lar	eign countryl		IZEN OF WHAT COUNTRY?
L	etired 7	lowson			Co., N. C			V S.A.
13.	FATHER'S NAME			14. MOTH	ER'S MAIDEN NA	ME		
	unk			unk	•			
15. Ye:	Was Deceased Ever in U.S. Armed Force s,no or unknown) (If yes, give wor or dates	s? of service)	1 6. SOCIAL SECURITY NO.	17. INFOR	tta Tallie	9		ADDRESS
1	no		243-07-9944A			17 Edmondson	Δτια	21220
	18. 43391+25	0.9	CAUSE OF DEATH		D-2011 10.		1100.	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRE	CTLY /			1			BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of d	lutur lar	(A) IMMEDIATE CAU			Thrembo	sis	28 days
	heart failure, asthenia, etc. It means th	e disease,	DUE TO, OR AS	A CONSEQ	UENCE OF:			
	injury or complication which coused d	eath.)						
	ANTECEDENT CAUSES		(B)DUE TO, OR AS					000000000000000000000000000000000000000
	DISEASES OR CONDITIONS, il an rise lo the above cause (A) s UNDERLYING CONDITION lost.	lating the	(C)	A CONSEC	OUENCE OF:			
_	11							
ATION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE		Diab	etes				
U	DISEASE OR CONDITION GIVEN IN PART I	(A).	****************	************		***********************		
ERTIFI	WAS PERFO		VHICH OPERATION	20A. A	UTOPSY? (Yes of N	IN CERTIFYING CA	USES OF	DEATH?
J	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. home	PLACE OF INJURY (e.g., ir e, form, foctory, street, aft	i or about 2 fice bldg., I	NJURY OCCUR?	(If In Baltimore	e City, gl	ve exoct location)
[M]	21 D-TIME (Month) (Doyl (Year)	(Hour) 21E.	INJURY OCCURRED	- 2	IF. HOW DID IN	URY OCCUR?		
8	(APPROX.)	Whi	e At Not While					
	22. I certify that (1) (this hospital)			1/11	11971	19to1 2	1 4	110712
	that (1) (we) lost sow the deceased	olive on	12/9/197		ond th		olon dec	th occurred on the date
	and hour and from the causes stated	obove. (I)	(We) (dld) (dld not) vi	lew the b	ody after death.			
	23A. SIGNATURE			٠٠:	M.J.	s. #		TE SIGNED
	spenke	2~	GEGREE Phys.		Med. Director	Staff Phys.		2/9/71.
	23C. PHYSICIAN'S NAME (Type) SURESH	PER	VKAR DEGREE	3D. ADDR	F3U	His h bies ter	tel sh	ece, Baltimor
24A	REMOVAL (Specily)		ME of CEMETERY OF CRE	MATORY	24D. L	OCATION (Cit	y, town,	or county) (Stotel
Bu	rial 12-13-19		Auburn Cemete	ery	Bal	Ltimore, Mar	yland	l
25A	DATE REC'D BY HEALTH DEPT.	B. NAME O	Liber M.D.			1735 Harfor	d Ave	. ADDRESS
1/6		10 G. 79] Ma	rshall W:	Jones, Jr.		
A.9	150-REV: 1/1/68			-				

St 38

	1	/1 115.00	TY HEALTH DEPARTMENT REG. NO.71 11558						
-	BIR	RTH NO. CERTIFICA	ATE OF DEATH REG. NO. 7 L 11.000						
	(Ту	NAME OF DECEASED THE OF PRINTS BELL (WA	LKER) 2. DATE AND HOUR OF DEATH 12 - 9. 1971 al 4-40 a. M.						
		PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY Ory and - 21216						
	HUN	ILL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITYOR TOWN D. INSIDE CITY LIMITS?						
7	1	Lutheran Hospital of Maryland							
900	-	CPU	1422. Poplar Groove St.						
2 20		Female N. WIDOWED DIVORCED	4-7-1924 lost birthdoy! Months! Doys Hours Min.						
	IOA	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY						
21710		Housewife FATHER'S NAME	Wilmington, N.Carolina U.S.A.						
0	130		14. MOTHER'S MAIDEN NAME						
2		John E. Walker	Sarah V. Russ						
-	15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) Uf yes, give wor or dotes of service)	17. INFORMANT ADDRESS 21216						
		no or unknown] (If yes, give wor or dotes of service) 215-50-9137	Mrs. Daisy Peterson 1422 Poplar Grove St.						
		18. 04-0 /1 CAUSE OF DEA							
9		DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
9		LEADING TO DEATH	Just Diabetic gangrene 11 days.						
		heart foilure, asthenio, etc. It means the disease.							
í		injury or complication which coused death.)							
		ANTECEDENT CAUSES ASP	ivation premuonia.						
0		ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:							
3		rise to the above cause (A) stoting the							
		ONDERLING CONDITION last, (C)							
	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	\TIC	ITO THE DEATH BUT NOT RELATED TO THE TERMINAL							
9	CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED						
	RTIF	12-7-1971 WAS PERFORMED Jampele	IN CEPTEVING CALLSES OF DEATHS						
5	C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)						
5	A	OR CONTRIBUTING CAUSE OF home, farm, foctory, street, of cl.)	olice bldg., INJURY OCCUR?						
3	EDICAL	21D. TIME (Month) (Doy) (Year) (Hour 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	ME	OF INJURY (APPROX.) While At Not Whi							
		Work At Work							
		22. I certify that (1) (this hospital) attended the deceased from	11-29- 1971 to 12 - 9-1971						
9		that (1) (we) lost saw the deceased alive on 12 - 9-	2119and that In(my) (our) opinion death occurred on the date						
		and hour and from the couses stated above. (1) (We) (dld) (dtd not)							
		23A. SIGNATURE A //	23B, DATE SIGNED						
		()	ending Med. Staff 12 - 9 - 197/						
3		23 C. PHYSICIAN'S	123D. ADDRESS						
200		NAME (Type) JASHREE H. SAMPAT. M.D.	Cutheran Hospital of Maryland.						
5	24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	LEMATORY 24D. LOCATION (City, town, or county) (Stote)						
0	B	durial 12-13-71 Baltimore Nati							
	25A		25C. FUNERAL DIRECTOR 1735 Harford Ave Appress						
•		DEC 14 1971 Gabage Entaber M.D.	Marshall W. Jones, Jr.						
185	VS	150-REV. 1/1768							



<	7-12	71 115	50	BALTIMORE CITY	HEALTH DEPARTMENT		1 11559
	TH NO.		NV	CERTIFICA	TE OF DEATH		
	pe or Print)	Svitt, Jose	ph (JC	SEPH J. SVI	PRINCIPAL TO THE PRINCI	ember 11, 197	
3.	PLACE IN BA	TIMORE MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (institution: residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Maryland c. city of town,	Baltimore	5 300 SIDE CITY LIMITS?
		altimore City	Hospita	als	Rectificate (Colgate	YES NO X
,	51 49	940 Eastern A	venue		E. STREET AND NUMBE	R	
_		altimore, Mar	yland 2	1224	821 Brunsv	vick Road 2	1221
5. s	ale	Caucasian	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED X	8. DATE OF BIRTH 1-18-05	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
104	USUAL OCC	UPATION (Give kind of work	IOR KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF WHAT COUNTRY
con		working life, even if refired)	Boil	ler Maker	Baltimot	meia Md.	U.S.A.
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
		Venzel J. Swi				1. Stes	
15. \ (Yes	Was Deceased Lno of unknown	Ever in U. S. Armed For Illf yes, give war or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4940 Eas	ADDRESS tern Avenue
	No			213-07-6528	BCH - Records		e. Maryland
	(This does	SE OR CONDITION DE LEADING TO DEATH not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	MOC ASY SE A CONSEQUENCE OF:	stole	SETWEEN ONSET AND DEATH 2 hrs.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)				rogenic Shock 3 Lays		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.			A CONSEQUENCE OF:	nsmura	2 3 days	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			caranal	Infacti	on I	
RTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED				20 A. AUTOPSY NY 95 OF	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, off part (notify medical examiner)				or about 21 C. WHERE DIE INJURY OCCUR	(If In Boltimo	re City, give exact location)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		INJURY OCCURRED ILE At At Work		INJURY OCCUR?	1
	22. I certify that (I) (this hospital) attended the deceased from / 11/13 / 7/ 19 to 12-11/7/ 19						
- 1		last sow the decease		10//	ond	that In (ny) (our) op	Inlon death occurred on the date
			ed abave. (A (We) (did) (did not) v			
	23A, SIGNATURE Attorn Attorn Attorn Phys.					Staff Phys.	12-11-71
	23C. PHYSICIA NAME (1	W. Ramset	ar M.I	2	3D. ADDRESS Baltim	ore City Hosp	
24 A	BURIAL CRE	MATION, 248, DATE		DEGREE AME of CEMETERY OF CRE	4940 E	astern Avenue Location (C	e 21224 ity, town, or county) (State)
	Burd	al 12-14-7	1.	Oak Lawn Cer	netery 7	225 Bastern	Blvd.Ba.Co., Md.
25A	DEC'	14 1971 Pale	258. NAME	Ben M. A.	25G. FUNERAL DIRECT	9R 0 6224	Eastern We.
VS	150-REV. 1/1/	68				X	

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The state of the same

7.00+0	D-(0) 71 11=00	Y HEALTH DEPARTMENT REG. NO. 71 11560
f deatlecease	1. NAME OF DECEASED (Type or Print) MABBL BATER	2. Date and hour of death December 12, 1971 , 1:15 P.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY
a hospi cause o se; (5) D indance to deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Md. C. CITY OR TOWN D. INSIDE CITY LIMITS?
- 50	314 S. Bouldin St.	Baltimore D. INSIDE CITY LIMITS?
ed in ting d cau r att prior e.	Balto.,21224,Md.	E. STREET AND NUMBER 314 S. Bouldin St. #21224.
tribut tribut mined gular sed p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
o u u u u u u u u u u u u u u u u u u u	Female White WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	May 20, 1094
or c ndet in dec	done during most of working life, even if retired) House Work At Home	Baltimore, Md. U.S.A.
D = 0	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5 to 1 to 1 to 1	Louis Battee	Marian Tavoner
ist he cin dec ce	(Yes, no or unknown) (If yes, give wor or doles of service) No. 219-30-3873	7647 Charlesmont Rd.
SEL >PET	18. 4/2 31 CAUSE OF DEA	He only I could greature my cartety en extended parth
A C L P	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Herst history I could prilame myrante interval ASCVD will calorfic artic use A CONSEQUENCE OF:
	(A) IMMEDIATE CA DUE TO, OR AS (A) IMMEDIATE CA DUE TO, OR AS	A CONSEQUENCE OF: The Constant of CHIP
in i	injury or camplication which caused deoth.) ANTECEDENT CAUSES	★
wh wh	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
al ex (3) an in in in in in a	rise to the above couse (A) stating the UNDERLYING CONDITION last (C)	4
medical edical burns; hysicia n was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	attomined dartie anemyore?
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL (2) FAST (+X)	of GI blushing - no endence of this in
by a n 2) Body re the r physicic	194-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
+	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? (If In Boltimore City, give exect location)
ed co	OF INJURY (Month) (Doy) (Yeon) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
9 - 2 D D	Work At Work	
approtection to the off any off and of	22. I certify that (1)/(this hospital) attended the deceased from that (1) (we) last saw the deceased alive an OF . 27	8 / 24 19 7/ to 10 / 27 19 7/ 19 7/ and that In (my) (aur) apinian death accurred an the date
	and haur and fram the causes stated above, (1) (We) (did) (did nat)	
a do de	23A. SIGNATURE	23 B, DATE SIGNED
	23C-PHYSICIAN'S	ending Med. Stoff Phys. Det. 14, 1971
certificate moody was related in the column of the column	NAME (Type) E. B. SAMSON - CARVERA 1000	
A P B B B B B B B B B B B B B B B B B B	E.B. SAMSON - CORVERA, MID DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CR	/
This certify the body shows: (1) was D.O. deceased written a	Burial 12-15-71. Oak Lawn Cen	
the the sho sho was	DEC 14 1971 DET BERT RECEIVER	25C. FUNERAL DIRECTOR 901 S. Conkling St.

a.Co.,Md. 25A. DATE REC'D 901 S. Conkling St. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68

Marie San Land St. T. . 4 · · U.B. and the St. T. .be. week . - command . regulation . a reserve STD - 1-122

	curred in a hospital and ributing cause of death nined cause; (5) Deceased jular attendance on the ed prior to death. Such nade.
MPORTANT	his assistant if death occiso, if the direct or control of any kind; (4) Undeterm unced death was in regitendance on the deceased or final disposition is
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

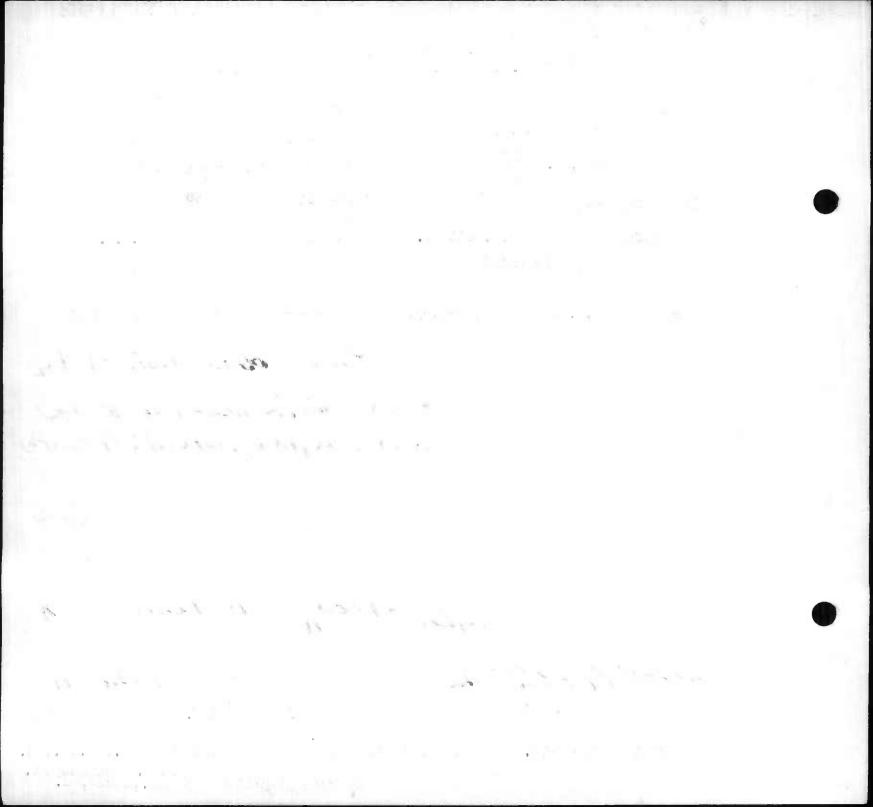
11/	0		BALTIMORE CITY	HEALTH DEPARTMENT		71 11561
BIRTH NO.	271 115	51	CERTIFICA	TE OF DEATH	REG. NO	1000
1. NAME OF DE	REBS, Herbert	(HERI	BERT W. KRE	De \	AND HOUR OF DEAT	TH C. Lo. 5
	ALTIMORE MARYLAND,			12.00	11-71 here deceased fived, II	7:40 P M
FULL NAME O	F (IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland	YTAL	2634
NOTITIZAL	eterans Admin	istratio		C. CITY OR TOWN Baltimore	D. ff	YES NO NO
	1900 Loch Rave			E. STREET AND NUMBER		YES NO NO
B	Baltimore, Mar	yland 2.	1218	960 Armstead	Walk	
s. sex	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	7-28-18	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CUPATION (Give kind of wa of working life, even if retired)	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
	Lon Worker	Balt	timore City	Baltimore, M	aryland	U. S. A.
13. FATHER'S N.	AME			14. MOTHER'S MAIDEN N		
Louis Kr	rebs			Christine Be	rhart	
15. Was Decease (Yes, no or unknow Yes	ed Ever in U. S. Armed Form) (If yes, give wor or do	es of service)	16. SOCIAL SECURITY NO. 216-09-16-89	Baltimore, M	ospital Rec aryland 212	
18.	21.01		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISE	ASE OR CONDITION D			HEPATIC FAII	URE	4 hrs
(This does	not meon the mode o		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	201013	
	e, osthenio, etc. It meon omplication which cause					
	ANTECEDENT CAUSE			ECS CIRRHOSIS		years
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	the obove couse (A) NG CONDITION lost.	stoling the	(c)			
	II					
O THER SIGN	ATH BUT NOT RELATED TO		G	. I. BLEEDING		
▼ DISEASE OR	CONDITION GIVEN IN PA	RT 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WEI	RE FINDINGS CONSIDERED
ETT O		RFORMED		No	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING BUTING CAUSE OF	21 B hom etc.	ne, form, foctory, street, o	n or obout 21 C. WHERE DID	(If in Boltin	more City, give exact (deation)
O 21 D. TIME	(Month) (Doy) (Yeor	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX.)		Wh	ile At Not Whit	e 🔲		
22, I certif	fy that (1) (this haspite	al) attended t	he deceased from Se	eptember 9.	19 71 to De	ecember 11, 19 71
						apinian death accurred an the date
and havr a	and from the causes sta	ated abave. (版 (We) (did) (Xi)((Xi) v	iew the bady after death	١.	
23A. SIGNA	TURE L		14.0			23B, DATE SIGNED
1/	beet Seen	non 1	DEGREE Phy	ming Med. Director	Staff Phys.	12/12/71
23C. PHYSIC NAME	(Type)				och Raven B	
'Rôb			DEGREE		ore, Maryla	
	REMATION, 24B. DATE		AME of CEMETERY OF CRI			(City, town, or county) (State)
Buria			Baltimore Na			ck Ave., Balto., Md.
DEC 14	1971 Pale & E		AC D	latianles &	1 1 1/2 - 7	Ol S. Conkling St.
VS 150-REV. 1/1	1/68	7 7		2 17 19 19	0	

To Detail the Lander Hotel Land of A. W. Santari, the Santari is a second description of the second \$10 35001 Little State Charles Control of

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hosp	shows: (1) An accident of any nature: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5)	is in regular attendance	written approval must be obtained before the remains are embalmed or final disposition is made.
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inero	acture	pron	mbain
exam) A fr	who	are el
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be ap	nt of a	ortal (st be
must	ccide	a hos	al mu
ficate	An a	A. at	pprov
Scerti	ws: (1	0.00	Iten a
This	sho	NO NO	Wri

FUNERAL DIRECTOR: IMPORTANT

	MA E MA	11 00	BALTIMORE CITY	HEALTH DEPAR	TMENT	71 11562		
	11-235 71	11562	CERTIFICA			NO		
	I. NAME OF DECEASED	(WILLIN	C MeDANIBL		2. DATE AND HOUR OF			
	(Type or Print)	Villie C. Me	cDaniel		12-12-1971	DEATH		
	3. PLACE IN BALTIMORE, MARYL	AND, WHERE PRONG	OUNCED DEAD	4. USUAL RESIDE		ed. If institution; residence before admission)		
Ш	FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS (HOSPITAL OR INSTI	TUTION, GIVE STREET	Maryland		2607		
ı		City Hospi		C. CITY OR TOWN		D. INSIDE CITY LIMITS?		
		ern Avenue		E. STREET AND I		YES X NO		
	Baltimore	,Md. 21224			th Eaton Stree	et 21224		
	5. SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	11 . 12	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	Male Causcasi	an WIDOWED	DIVORCED	11-9-1911		Months Doys Hours Min.		
	10A, USUAL OCCUPATION (Give kindone during most of working life, even if	retired) NIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tale of foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	Roofer	C.S	.Dell Co.	Tennesse	ee	U.S.A.		
	13. FATHER'S NAME	Me Danie	1	14. MOTHER'S MA	AIDEN NAME			
					Matt	ie Turner		
	15. Was Deceosed Ever in U. S. Ar (Yes, no or unknown) (If yes, give woo	med Forces? r or dotes of servicel	SECURITY NO.	17. INFORMANT		ADDRESS		
		.II			CH-4940 Easter	n Avenue 21224		
	18. / 6 . 2 / 1		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITI	ON DIRECTLY DEATH		OSUM	James C	5- 7: 4/11		
	(This does not mean the m heart failure, asthenio, etc. It	ode of dying, e.g.	(A) IMMEDIATE CAU	A CONSEQUENCE OF:				
	injury at camplication which	caused death.)						
		ANTECEDENT CAUSES FREUMENIA Dypper lote 10 days						
	DISEASES OR CONDITION	S, il any, giving	DUE TO, OR AS	A CONSEQUENCE	OF:			
	UNDERLYING CONDITION I	ast.	(c) Carc	Mma.	Jung, mel	water 4 menths		
	z 11							
	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE	ED TO THE TERMINAL						
	DISEASE OR CONDITION GIVEN	B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 208 IF YES	WERE FINDINGS CONSIDERED		
		AS PERFORMED		Nes		WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?		
Ш	U 21 A. ACCIDENT WAS UNDERL	YING 21 B	PLACE OF INJURY (e.g., in e., form, factory, street, affi	or about 27 C. WHE	RE DID (If In B	oltimore City, give exact location)		
	DEATH (notify medical examiner	elc.)					
	21D. TIME (Month) (Doy)		INJURY OCCURRED		DID INJURY OCCUR?			
	(APPROX.)	Wo						
	22. I certify that (1) (this ha	spital) attended t	he deceased from	1100	19 /10 /	alle 1971		
H	that (I) (we) last sow the de		wille	197_	and that In (my) (out	r) opinion death occurred on the date		
	and have and from the couse	s stoted above. () (We) (did) (did nat) vi	ew the bady afte	r deoth.			
	23R, DATE SIGNED							
	23C. PHYSICIAN'S	HULL	DEGREE Phys.	Direct Di	tor Staff Phys.	1241671		
	NAME (Type)	N. Hill			ltimore City H	ospitals-4940 21224		
2	4A. BURIAL CREMATION, 24B. D.		DEGREE LANGE OF CEMETERY OF CREA		24D. LOCATION			
	REMOVAL (Specify)					(City, town, or county) (Stole)		
2	Burial 12-		FREGUEAR	25C. FUNERAL E	I AUL GORMAI	n Hill Rd., Ba.Co., Md.		
	DEC 14 19/1 00	ADRIT C. VOL	ey rea	lah 52/1:	· Lacerler	901 S. Conkling St. Balto, 21224, Md.		
V	S 150-REV. 1/1/68		2 2 3	- The state of the	Ja Henry	Daron detechèmes		



BALTIMORE CIT	TY HEALTH DEPARTMENT	71 11563
818TH NO 71 11563 CERTIFICA	ATE OF DEATH REG. NO	
1. NAME OF DECEASED	2. DATE AND HOUR OF DEAT	Н
(Type or Print) ORVILLE E. JACOBS	11 December 19	971 / TIDPM.
CERTIFICATION HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY Md.	2739
HOSPITAL OR ADDRESS OR LOCATION) 12-17-71	C. CITY OR TOWN D. IN	ISIDE CITY LIMITS?
	Baltimore	YES 🔀 NO 🗌
0 0 4539 Marble Hall Rd. 21218 - 21239	E. STREET AND NUMBER	01020
	4539 Marble Hall Rd. 21	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	iosi pirindoyi	Months Doys Hours Min.
Male Caucasian WIDOWED DIVORCED	2 0 010 2000	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Aerospace Ind.	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Edward Jacobs	Margaret Carter	
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 21239
074 00 0040	Mrs. Romaine Jacobs, 4539	
118. / / CAUSE OF DEA	ATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	1.	BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE C.	AUSE of thom Cosin , c	1. de 10 m
(This does not mean the mode of dying, e.g., DUETO, OR A heart failure, asthenia, etc. It means the disease,	AUSE A CONSEQUENCE OF:	
injury or complication which caused death.) ANTECEDENT CAUSES	1 . 6 . 11.	
(B) CC	AS A CONSEQUENCE OF:	Aduin 1 G
rise to the above cause (A) staling the	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION last. (C)		
z II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in or about 21C. WHERE DID (If in Baltim	are City, give exact location)

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)

21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, form, foctory, street, affice bidg., INJURY OCCUR?

MEDICAL 21 D. TIME OF INJURY (Hour) (Manth) (Day) (Year)

21 E. INJURY OCCURRED

21 F. HOW DID INJURY OCCUR?

St.

(APPROX.)

While At Not While [Work At Work

22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an

14 Dec 71

and haur and fram the causes stated abave. (1) (We) (did) (attack) view the bady after death.

MD

and that in(my) (our) apinion death accurred on the date

23A. SIGNATURE

burial

23C. PHYSICIAN'S NAME (Type)

Attending 23 D. ADDRESS

Norman Freeman. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

Parkwood Cemetery

Balto. Co., Md. 21234

(State)

258 NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

23 B, DATE SIGNED

VS 150-REV. 1/1/6B

deceased 0.0

the body

Ullrich Funeral Homes, Balto., Md. 21206

S

eath.

Ü

(4) Undetermined cause; (5) Deceased was in regular necessed 0 prior disposition is made. deceased the direct IMPORTANT assistant uo death kind; final attendance fracture of any pronounced 0 embalmed FUNERAL DIRECTOR: regular Who 4 the remains are (3) E physician Was a medical Body burns; physician the before nature; (2) where to the hospital No approved by 9 (except ; and (6)

any

of hospital

accident

shows: (1) An

the body was released

certificate

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was D.O.A.

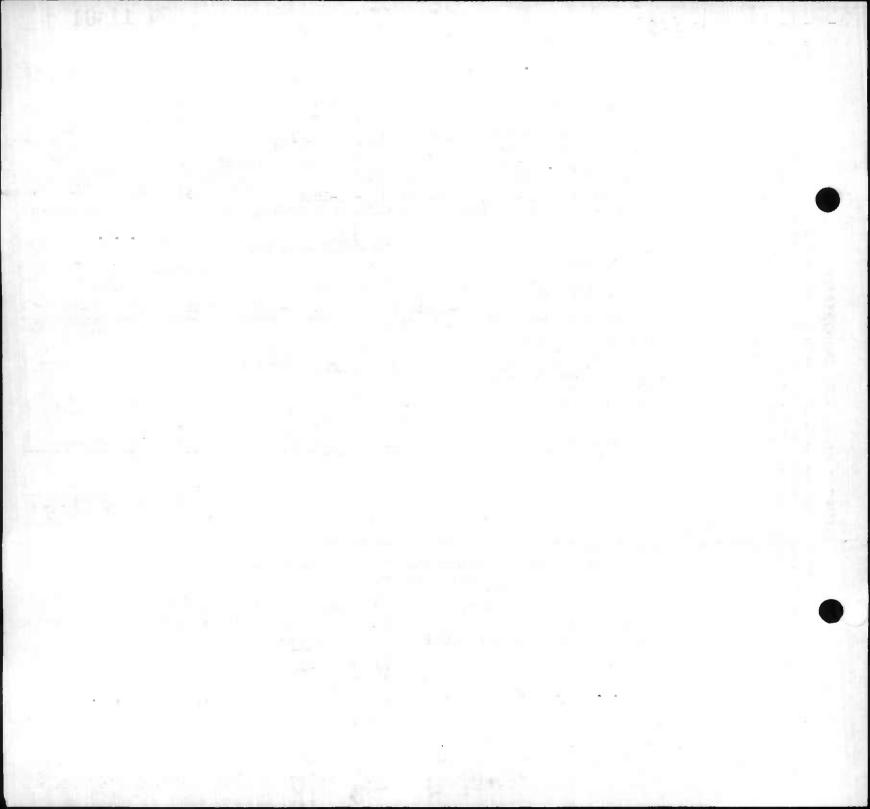
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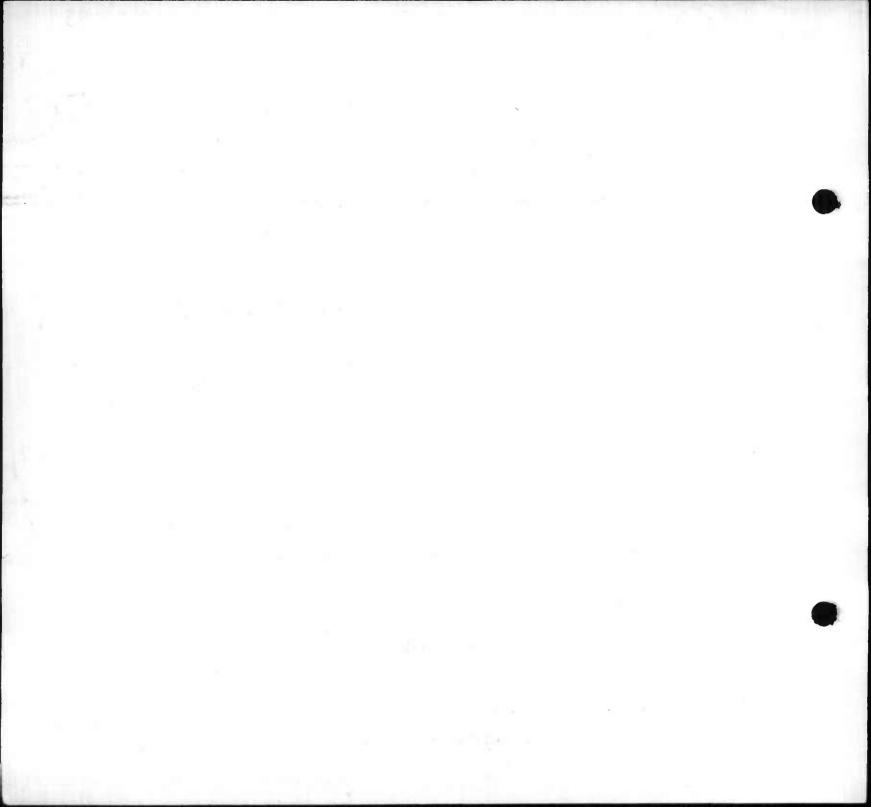
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Louise M. Jenkins 9 4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Baltimore (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland **FULL NAME OF** HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS Baltimore City Hospitals NO YES E. STREET AND NUMBER 4940 Eastern Avenue 21222 2903 Dundalk Avenue Baltimore.Md. 21224 S. DATE OF BIRTH 9. AGE (In years If Under 1 Ya If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED lost birthdoy) Hours 81 12-29-1888 Causcasian WIDOWED X DIVORCED Female IGA USUAL OCCUPATION IGIVE kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Ohio U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Arthur HOUYOUX Theresa 15. Was Decessed Ever in U. S. Anned Forces? (Yes, no or unknown) (ii) yes, give war or dates of service) 7. INFORMANT ADDRESS 6 SOCIAL SECURITY NO. 21224 Records: BCH-4940 Eastern Avenue 220-44-1447 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY NEG. SEPSIS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if eny, giving the above cause (A) staling the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 198 CONDITION FOR WHICH OPERATION 19A-DATE OF OPERATION WAS PERFORMED 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, factory, street, office bldg. INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exoct location) MEDICAL DEATH Inotify medical examined obtained 21 D. TIME (Month) |Doy) (Year) Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (i) (this hospital) attended the deceased from 99 that (1) (we) lost sow the deceased alive an and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above. (i) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 238, DATE SIGNED Attending | Staff Phys. Phys. Director approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Eastern Ave., Baltimore, Md. 21224 City Hospitals Baltimore. DEGREE 24A. BURIAL CREMATION. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City. town, or county) (State) REMOVAL (Specify) written San. 258, NAME OF REGISTRAR

REC'D BY HEALTH DEPT. 2 VS 150-REV. 1/1/68

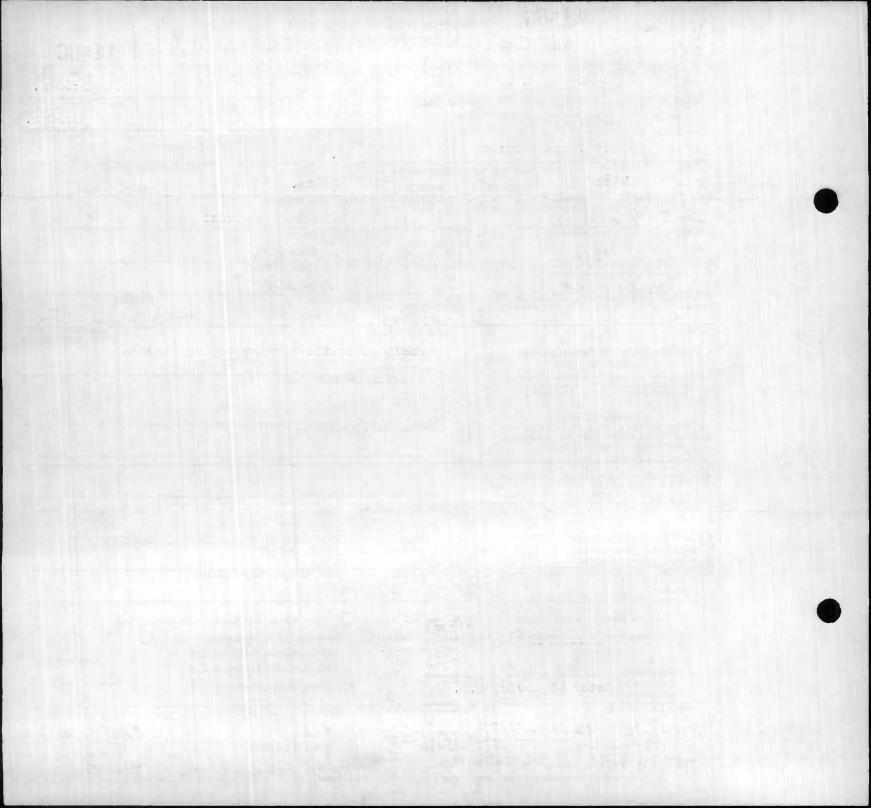
25C. FUNERAL DIRECTOR



s	R-208 71 11565		HEALTH DEPARTMENT	X REG. NO	71 11565
	1. NAME OF DECEASED	D /		AND HOUR OF DEAT	н /2
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	Koche	4. USUAL RESIDENCE (WI	2/9/7	Institution: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	TION, GIVE STREET	C. CITY OF TOWN	Baltim	ISIDE CITY LIMITS?
	Bolfimore Eathern	Hospitals, Maryland	Dundalk E. STREET AND NUMBER 28 A	nicol 1	8 L V D . 21222
	S. SEX Male Caucasian 7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH	9. AOE (In years lost birthday)	Il Under 1 Yt. Il Under 24 Hrs. Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if retired)	SUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
-	clerk Steel		Pennsylvani		USA
	Edmund J. Roche		Mae Geeh		
	res, no of unknown) lit yes, give wor or doles of service)	6. SOCIAL SECURITY NO. 164–09–6243A	BCH: records	4940 Easte Baltimore,	rn Avenue Maryland 21224
	iThis does not mean the mode of dying, e.g., heart failuse, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)		SE LUNG DISEA A CONSEQUENCE OF:	tiology	
	19A-DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
1	21A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF DEATH (nafify medical exominer)	ACE OF INJURY (e.g., in larm, foctory, street, offi	or obout 21 C. WHERE DID	(If In Baltima	ore City, give exact lacation)
Πi	210-TIME (Manth) (Doy) (Year) (Haun) 21E, IN While Wark	At Mark	21F. HOW DID IN	JURY OCCUR?	
	22. I certify that (#(this hospital) attended the that (#) (we) last sow the deceased alive an	Dec, 9,	19ond tl		Peca 7 19 7/ Inion death occurred on the date
	ond hour and fram the causes stated above. (1) (23A. SIGNATURE	(qiq) (qidan) vi	ew the body ofter death.		
	Roland C. Eintern	Atten Phys.	Director L	Shaff	238, DATE SIGNED
	Roland C. Eihnorn, M.D.	В	altimore City I		Ni
11	KEMOVAL (Specify)	e of CEMETERY of CREATER COMMENTS			ily, tawn, ar caunty) (State)
	DEC 14 1971 TOPE & SELVANIE OF	REGISTRAR	25C. FUNERAL DIRECTO	1	ADDRESS mdalk, Md. 21222
V	S 150-REV. 1/1/68				



	1 11566 BALTIMORE CITY HE	EALTH DEPARTMENT
	0-162 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 1 11566
BI	RTH NO.	REG. NO. 1 11566
	NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Ty	charles Dvorak	OF 12 10 71 5.50 a
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 10 71 5:50 a.
	INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
	1428 Church Street	A. STATE B. COUNTY 2505
	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
m	ale White WIDOWED DIVORCED	Balto. YES 🗵 NO 🗆
11 .	DATE OF BIRTH 10. AGE (In years # Under Yr. Under 24 Hrs. 10. AGE (In years # Under Yr. Under	E. STREET AND NUMBER
IL."		
	BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME FRANK
144	USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	
don	oduring most of working life, even firetired) ARPENTER	ANNA?
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	IB. INFORMANT ADDRESS
(Ye	No orunknown) (If yes, give wor or dotes of service) SECURITY NO. 212-18-5799	wife 1428 chanch ST.
	19. CAUSE OF DEA	
	F / 60 F	BETWEEN ONSET AND DEATH
		osclerotic cardiovascular disease
	(A) IMMEDIATE C	
	(This does not mean the mode of dying, e.g., heart follow, esthenia, etc., it means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
	index of complete and it could decim,	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
7	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Ō	11	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
E	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
RT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
Ö		no
AL	22A. EXTERNAL CAUSE WAS 122B, PLACE OF INJURY (e.g.,	
EDICAL	UNDERLYING OR CONTRIB. home, form, lactory, street, office	In or about 22C. WHERE DID (If in Baltimore City, give exact location) bidg., etc.) INJURY OCCUR?
Σ	22D. TIME (Month) (Dov) (Year) (Hour) (22E-INJURY OCCURRED	22F. HOWDID INJURY OCCUR?
	OF INJURY (APPROX.) WHILE AT NOT NOT AT WORK	WHILE
	23. m. WORK LJ AT W	ORK L
	I certify that I held an inquiry Inspection XX Au	topsy and that on this basis, death in my opinion
	resulted from: Natural causes Accident Suicid	
		CHIEF MEDICAL EXAMINER
	ACTUAL ()	ASSISTANT MEDICAL EVAMINER XXX
	SIGNATURE M.D	12/10/71
	EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER
24/ RE	EXAMINER'S Peter Lipkovic, M.D. D. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY	ASSOCIATE MEDICAL EXAMINEK []
24/ RE	EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINEK
RE	EXAMINER'S Peter Lipkovic, M.D. D. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY	ASSOCIATE MEDICAL EXAMINEK
RE	EXAMINER'S Peter Lipkovic, M.D. NAME (Type) A. BURIAL CREMATION, 124B. DATE WOVAL (Specify) BURIAL 12-13-71 Bohemian	or CREMATORY 24D. LOCATION (City, town, or county) (Stote) NAT, Cem. BALTO, MD
25 A	EXAMINER'S Peter Lipkovic, M.D. A. BURIAL CREMATION, 124B. DATE WOVAL (Specify) BURIAL 12-13-7/ Boheminn DATE REC'D BY HEALTH DEPI. 125B. NAME OF REGISTRAR	or CREMATORY 24D. LOCATION (City, town, or county) (Stote) NAT, Cem. BALTO, MD



was D.O.A. at a hospital

written approval

T

Pozen

W.

248, DATE

12-13-71

Michael

DFC 14 1971

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

VS 150-REV. 1/1/68

certificate must be

32-82-3

a hospital and

Such the

11	M	,	111-2-			BALTIMORE CITY	HEALTH DEPAR	TMENT		174	11	56	7	
610	11-620	71	11	567		CERTIFICA	TE OF DE	ATH	REG.	NO		-00	•,	
1. N	AME OF DECE	ASED -						2. DATE A	ND HOUR OF	DEATH			67	,
(Ту	po or Printl	AI	VNA	2	1	14ERS			12/9/	171		10	2-	PM
3.	PLACE IN BALT	MORE MAR	YLAND, W	HERE FROM			A USUAL RESID	ENCE (Wh	ere deceased li	ved. If ins	titution; re	esidence	o before	udmission)
811	II NAME OF	ME NOT	IN HOSPIT	AL OPINS	TITLE	TION CIVE STREET	Maryla		••••				6	36
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION!						C. CITY OR TOW			D. INSID	E CITY L	MITS?		
		ltimore	Citv	Hospit	tal	S	Baltimo	ore			YES 🔀		NO 🗌	
The party		10 Easte	486	-			E. STREET AND			0.1	1224			
	Bal	timore			212	24			n Avenue		L2 24			
5. 3	EX	6. RACE		7- MARRIE	DX	NEVER MARRIED	& DATE OF BIRT	Н	9. AGE (In you	ears	II Unde	Doys	If Und	er 24 Hrs. Min.
	'emale	Caucas		WIDOW	- 6-		5/6/99		7	72				
	USUAL OCCU			108, KIND	OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or for	eign country)		12. CITI	ZEN OF	WHAT	COUNTRY
0011	e curning most of a	rotaing area ave	is a residue)	Crown	C	ork Seal Co	Marylar	nd				U.S.	Α.	
13.	FATHER'S NAM	AE	-	01.0111			14. MOTHER'S N	AAIDEN NA	ME					
	Frank ?						Marie	Prucha	a					
15.	Was Deceased s, no or unknown)	Ever in U. S.	Armed For	ces?	. 1	6. SOCIAL	17. INFORMANT		4940 Ea	starr	A Avro	ADDR	RESS	
(Ye	s, no ot unknown)	(If yos, give	war or date	s of service	9	SECURITY NO.	BCH-Recor	~d =	Baltimo					1
_	18, 44) /					217-03-4815 CAUSE OF DEATI		.us	Dal Clin	re, r	rar AT		OXIMATE I	
	(This does no heart failure, injury or com	asthenia, etc.	mode of	the diseas	.g.,	·	A CONSEQUENCE	OF:	Rose			. /	50	cem
		NTECEDENT				1	Carolle	seile	CII de	was	0	CH	25	
	DISEASES O				na	(B) DUE TO, OR AS	A CONSEQUENCE	OFi						
	rise to the	above co	(A) eaus				Leggestensive CU discol s Meonsequence of: C 4 +					years		
	UNDERLYING	CONDITIO	N last			(c)								
CERTIFICATION	OTHER SIGNIFITO THE DEATI	H BUT NOT RE	LATED TO T	HE TERMINA	AL	COLOR DATE								
RTIFIC	19A-DATE OF	OPERATION	WAS PER	DITION FO		HICH OPERATION	20A AUTOFS		IN CERTIFY	WERE FI	INDINGS ISES OF	CONS	PERED Ye	es.
	CO CONTRIBUTION CONTRIBUTION CONTRIBUTION OF STREET						n of about 21 C. Wi fice bldg., INJURY	ERE DIO OCCURT	(lf te	Boltimore	City, giv	e exoct	location)	
MEDI	DEATH (nofity medical exemined) 21D. TIME (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED While At Not While At Work At Work							W DID IN	JURY OCCUR					
22. I certify that (i) this hospital) attended the deceased from 12/9 192/										,				
	that (Dave)	last saw the	e decease	d offve o	n	12/9/71			hat in (my) (our) opin	ion deo	th occ	urred or	the dot
	23A. SIGNATU		uses sto	red obove		(We) (did not) v	iew the body of	ter deoth	•		238. DA1	TE SIGN	IED	
		, /	211	. 2	10	LEN MIN AH	nding - Me	d. m	Shoff (27)				9/2	

form, factory, street, office bldg. INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined OF INJURY (Month) (Doy) (Year) (Hous INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work Not While At Work [APPROX. 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased cilive on ond that In(my) (our) opinion deoth occurred on the dote and hour and from the causes stoted obove. (We) (dld) (dld not) view the body after deoth. 23A. SIGNATURE 238, DATE SIGNED MD Attending Phys. Med. Director Shuff Phys 23C. PHYSICIAN'S NAME (Typel 23D. ADDRESS Baltimore City Hospitals

24C. NAME OF CEMETERY OF CREMATORY

Oak Lawn Cemetery

258. NAME OF REGISTRAR

4940

25C. FUNERAL DIRECTOR

WALTER

24D. LOCATION

Eastern Avenue

Baltimore, Maryland

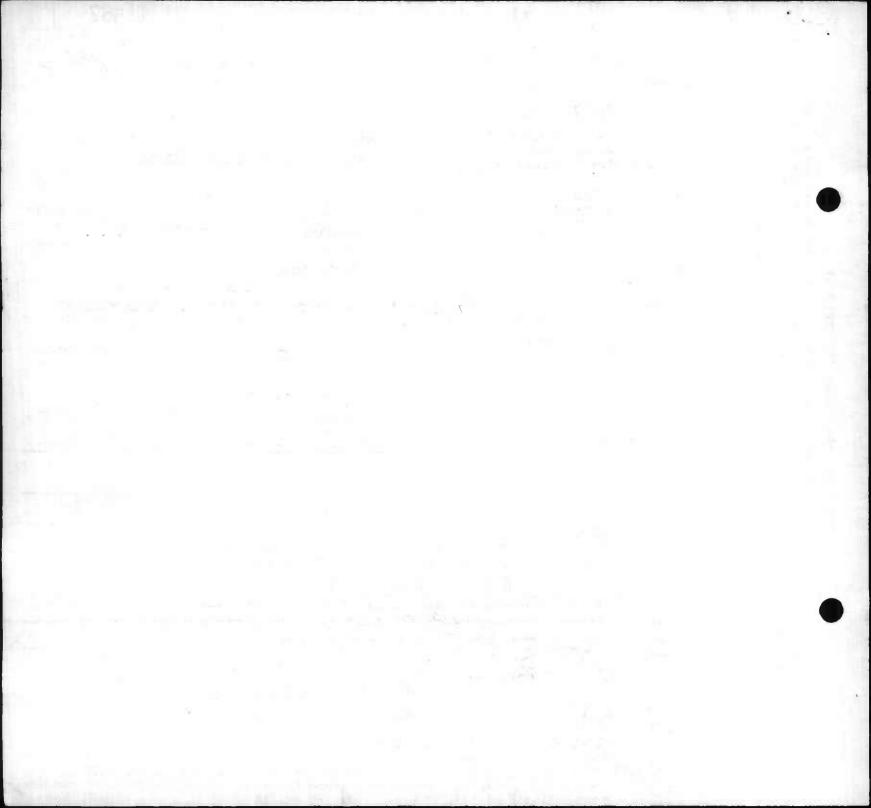
DABROWSKI 1005 DUNDALK AVENUE

21224

ADDRESS

(Stote)

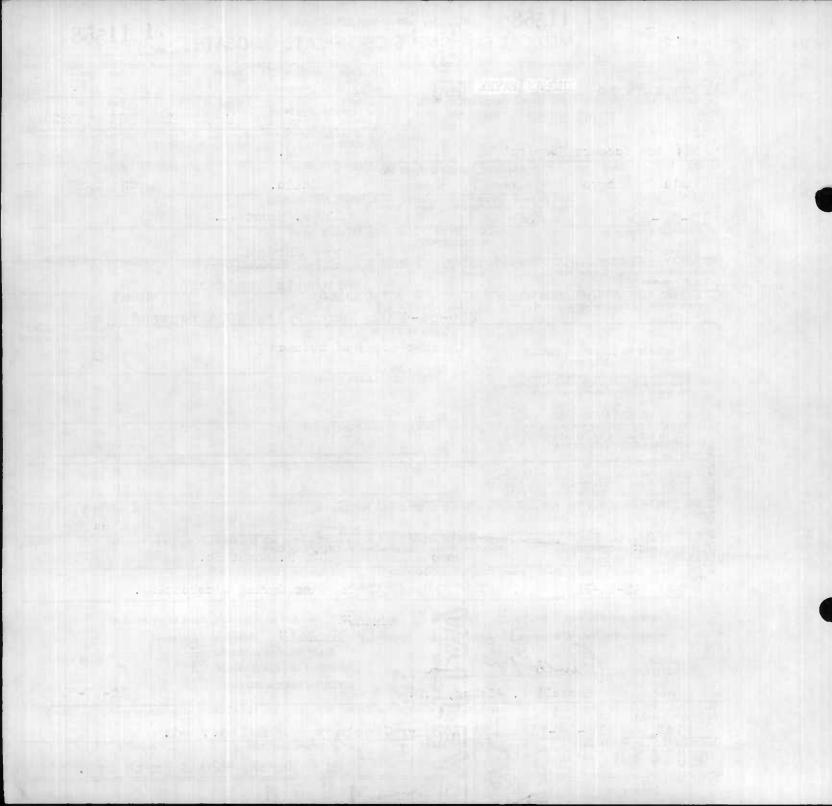
(City, town, or county)



71 11568 BALTIMORE CITY HEALTH DEPARTMENT

74 44 -00

-	1 -625 RTH NO.		MED	ICAL	EX	AMINER'	S CE	RTIFIC	CATE	OF	DEAT	H REG. NO.		200	
	NAME OF DEC	FASED					IIa	DATE	V -	7					
(Ty	homas I		GERAI	LD JO	RDAI	N	2.	OF	Known Estimated		Month	Doy	Yeor	Hour	
4.	PLACE IN BAL	TIMORE, MAI					3.	DEATH	Lammarca		Month	Day	Year	Hour	М.
llHC	LL NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITAL	L OR INST	TUTION	N, GIVE STREET			NCED DEAD		12	12	1971	12:2	FM.
	Bon	Secour	s Hosp	ital			A.	STATE	Md.	∨her e	deceased li	B. COUNTY	n: residenci	before odmi	ssian)
6.	SEX	7. RACE		8. MARRI	ED 🗌	NEVER MARRIED	区.	CITY OR	TOWN			D. INSIDE C	ITY LIMITS	?	
	male	negro		WIDOW	ED	DIVORCED			Balto.			Y	ES X	NO 🗆	
	DATE OF BIRTH		to.AGE (In last birthdoy	years 32	If Unde Months	or 1 Yr. If Under 24 Days Hours	Hrs. E. Min.		ND NUMBE O N. Mo		t St.				
	BIRTHPLACE (S				12. CIT	ZEN OF	13.	FATHER'							
	Maryla	nd			WH	IAT COUNTRY?		Harr	y Jore	a F	2				
144	USUAL OCCU	PATION (Give	kind al work 1	48. KIND	OF BU	SINESS OR INDU	ISTRY 15.	MOTHER	S MAIDEN	NAN	AE .				
	eduring most of w	orking life, eve	n irretired)					Henr	ietta	He	ander	gon			
14	WAS DECEASE	D EVER IN U	J.S. ARMED	FORCES	? 1:	7. SOCIAL SECURITY NO.	18.	INFORM	ANT	220	7110.01		DDRESS		
	a no or unknown	(it yes, give w	or or gates a	service	2	220-64-4	702	Mar	v Pai	CA.	1604	Penwo	od Ro	oad	
	19.	5.5 X				CAUSE OF			,	50	1001	1011410		APPROXIMATE IN	
		OR CONDI		TLY		Gunshot	woun	d of	abdomen	1			861	WEEN ONSET A	ND DEATH
		LEADING TO		O. O.O.		(A)IMMEDIA			FUECOS						
	heort tollure,	asthenia, etc.	It means the c	disease.		505 10,	UK AS A	CONSEQU	JENCE OF						
				•											
	DISEASES C RISE TO THE	R CONDITIO ABOVE CAU	NS, IF ANY,	GIVING NG THE		(B) DUE TO,	OR AS A	CONSEQ	UENCE OF:						
Z	UNDERLYIN	G CONDITIO	ON LAST.			(c)									
읟		- 1	1												
CERTIFICATION	TO THE DEA	IFICANT CONI	PELATED TO TI	NTRIBUTI HE TERMI	NG NAL										
RTI		OPERATION			OR WI	HICH OPERATION	J WAS P	EPEOPAI	D				In Altr	OPSY? (Yes o	a NaN
2	2)				011.111	OI EKAIIOI	1 11110 1	EKI OKINI							140)
AL	22A. EXTERN	NAL CAUSE V	VAS	2	28. PL	CE OF INJURY	e.a. In a	r obout 22	C. WHERE D	ID (f In Baltimor	e City, nive em	oct location)	es	
EDICAL	UNDERLYING UTING CAL			1	ome, fo	CE OF INJURY(irm, factory, street, home	office bld	g., etc.) IN	JURY OCCU	MOI	int St		7/10	101	
Σ	22D. TIME (Manth) (Do		(Hour)		INJURY OCCUR	ED	22	F. HOW DID				1 1		
	OF INJURY (APPROX.)	12-12-7	71	? ,	m. WHI	LE AT	NOT WHILE	E 3	Sho t du	ri	ng alt	ercatio	n.		
		fy that I he	ld an Inc	gulry [] 1	nspection 🗌	Autops	v X	and that o	n thi	is basis.	death in my	opinion		
	result	ed from: Na				Ident Su						ned manner [
		/		_	. /	1			HIEF MEDICA						
	ACTUAL SIGNATU	DE A	usel	08	Fr	chen	44.0		ANT MEDIC			ī		DATE SIGN	1ED
	EXAMINE	R'S					,M.D.		CIATE MEDICA			ī			
	NAME (T)			S. 1		er, M.D.				VE 65			12	-13-71	
RE	A. BURIAL CREM MOVAL (Specify		8. DATE		24C.	NAME of CEMET	ERY or C	REMATOR	2·	4D. L	OCATION	(City, towr	, or county	(Stot	e)
	urial		-16-7		Mt	Auburn	Cem				lto.	, Md.			
25	A. DATE REC'D	A HEALTH D	Be & E	258. NA	ME OI	REGISTRAR		25C. F	JNERAL DIRE	СТО	R	A	DDRESS		
	ハビウィネ	13/1 V:	المراجع المراجع	Acres	reneg .	u. —,		Wm	C Mar	ch	92	B E No	rth A	ve.	
VS	151-REV. 1/1/68	10.7		11/	P/C3	1 (



24C. NAME of CEMETERY or CREMATORY

258. NAME OF REGISTRAR

24D, LOCATION

25C. FUNERAL DIRECTOR

(City, town, or county)

ADDRESS

(Stote)

24A. BURIAL CREMATION,

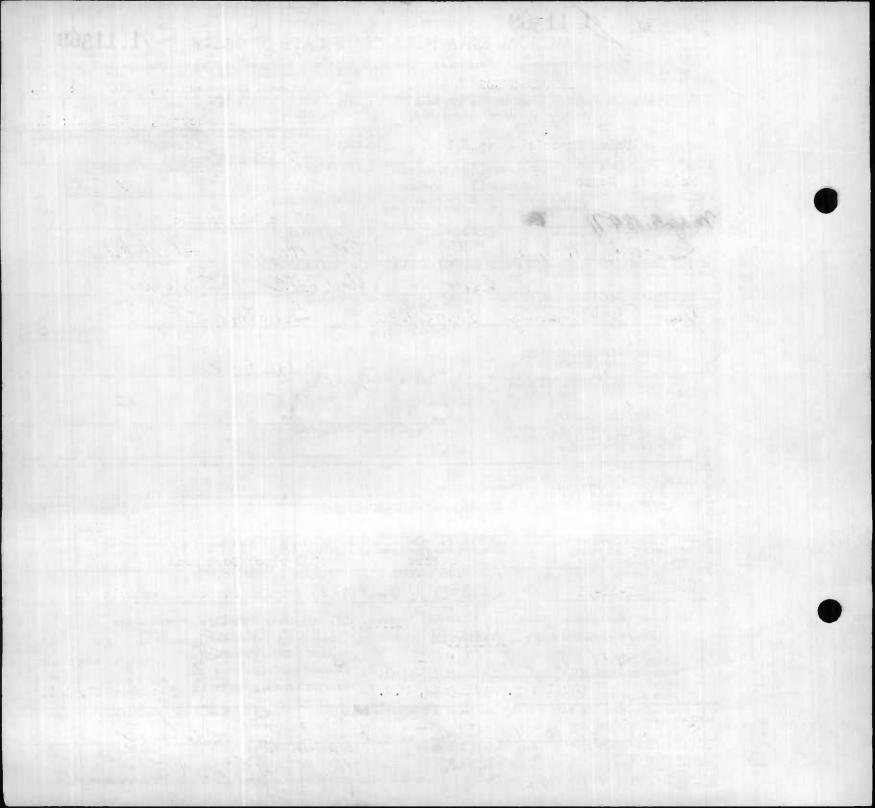
REMOVAL (Speedy)

25A. DATE REC'D BY HEALTH DEPT.

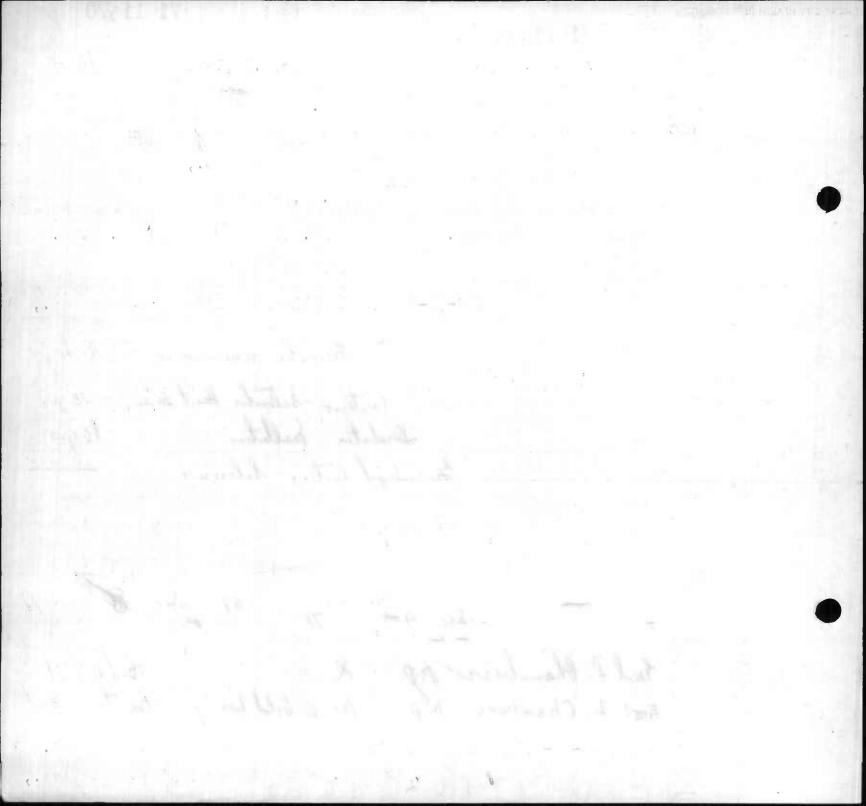
VS 151-REV. 1/1/68

248. DATE

Robert



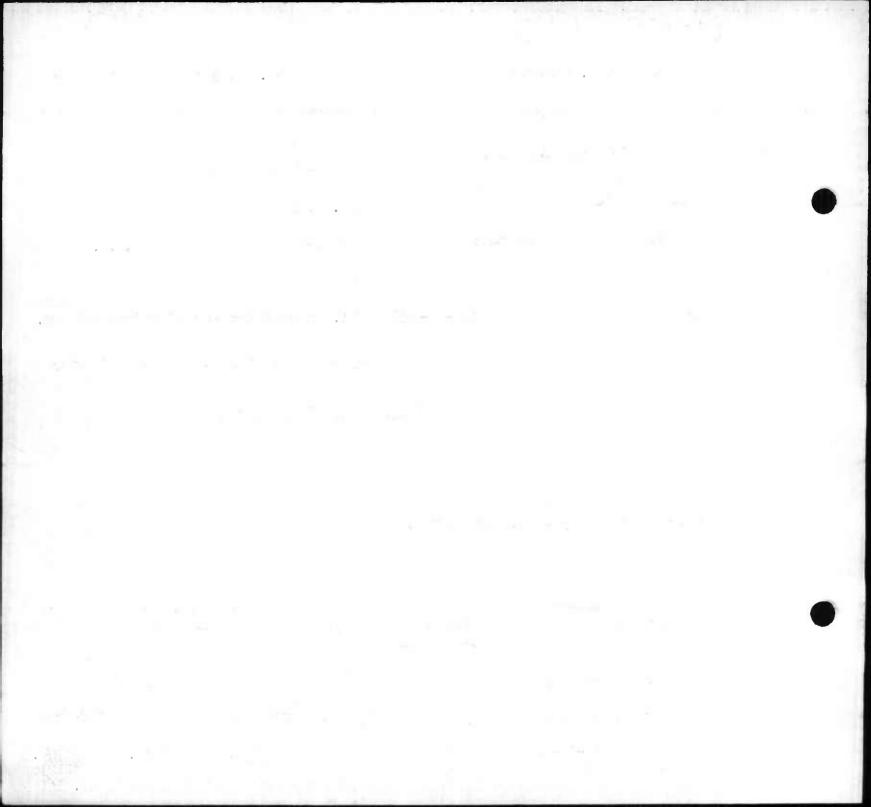
1		M 135			BALTIMORE CITY	HEALTH DEPARTMENT	7:	1 11570)
D-00-	000	11-635 TH NO.	71 1	1570	CERTIFICA	TE OF DEATH	REG. NO.		
deat deat ease n th Suc	1. N	AME OF DECEASED	Mary	A. Mart	in		and HOUR OF DEATH	1 /	10 A- M
Dec of	3.	PLACE IN BALTIMORE	MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence	e before odmission)
se (5)	FU	LL NAME OF (IF	NOT IN HOSPIT	TAL OR INSTITU	TION, GIVE STREET	Md.		28	33
nd to	IN	TITLITION	nderson		g Home	C. CITY OR TOWN Baltimore	D. INS	YES TO	NO
er egg	0	10			0	E. STREET AND NUMBER		1E3 [87]	КОП
d d d	4	40				5200 Powha	tan St.,		
ntribu mine egula sed	5. S		ite	7. MARRIED WIDOWED	NEVER MARRIED [Sept.10,187	9. AGE (In years lost birthdoy) 92	tf Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
con recent	10A	. USUAL OCCUPATION	(Give kind of wor	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fe		12. CITIZEN OF	WHAT COUNTRY?
if death ect or c (4) Undet was in the dec]	Bookke e per	10, 01011 11 1011100,	Amos	60.	Md.		U. S	S. A.
ct de	13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME		
dire , (4 , h n disp		James M				Mary ?			
al al	15. (Ye:	Wos Deceosed Ever in s, no or unknown) (If yes,	U. S. Armed Fo	es of service)	SECURITY NO	17. INFORMANT	1201 7	ADDR	
ssis th th do do		no	3		12-03-1430	Rose William	ison 1324 L	arayette	ave.,
cal examiner or his as al examiner. Also, if s; (3) A fracture of any cian who pronounced is in regular attenda ins are embalmed or		(This does not med heart foilure, astheni injury or complicatio	o, elc. It meons n which couses EDENT CAUSES NDITIONS, if e couse (A)	dying, e.g., s the diseose, d deoth.)	(B)	B 1	pneumoni who Heart I		OXIMATE INTERVAL N ONSET AND DEATH Of day?
chief medical y a medical Body burns; the physicia nysician was	ERTIFICATION	OTHER SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERA	ON GIVEN IN PAI TION 19B. CON WAS PER	THE TERMINAL RT 1 (A). NDITION FOR W RFORMED			Selevons No) 208, IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH	?
tal by	CALC	21A. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF exominer)	21 B. home		n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?		ere City, give exact	facotion)
hospi nature ept w d (6) I	MEDI	21D.TIME (Month OF INJURY (APPROX.)) (Doy) (Yeor)		INJURY OCCURRED Not Whi At Work		NJURY OCCUR?	10 1/2	# 1
any (exc ; an		22. I certify that (I that (I) (was last s			n. 014	19.7/ ond	19 69 to 10 thot in (my) (pm) op		urred on the dote
00		and hour ond from	the couses sta	ited obove. (1)	(We) (did)-(did not)	view the bady ofter deat	h.		,
must eleas ccide ccide a hos to do		23C. PHYSICIAN'S	L. Cha	mber	Mother Phy	Med. Director	Staff Phys.	23 B. DATE SIGN	(/ 7 /
body was r vs: (1) An a D.O.A. at a sased prior ten approv	244	NAME (Type) Ear BURIAL CREMATION REMOVAL (Specify)	L Ch	ambers 24c.NA	ME of CEMEYERY OF CR	100 - W. Col	d from	Batto City, town, or coun	ty) (Stote)
This certil the body shows: (1) was D.O. deceased written a		Burial	12-13-	197] 258. NAME O	New Cathed	ral	Baltimore	AC	Md.
This the I show was dece	VS	0FG 15 197	7 Robert	E. Fale	A D CO TO TO	G. Howard	Strong 320	7 W.Nort	ch Ave.,



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

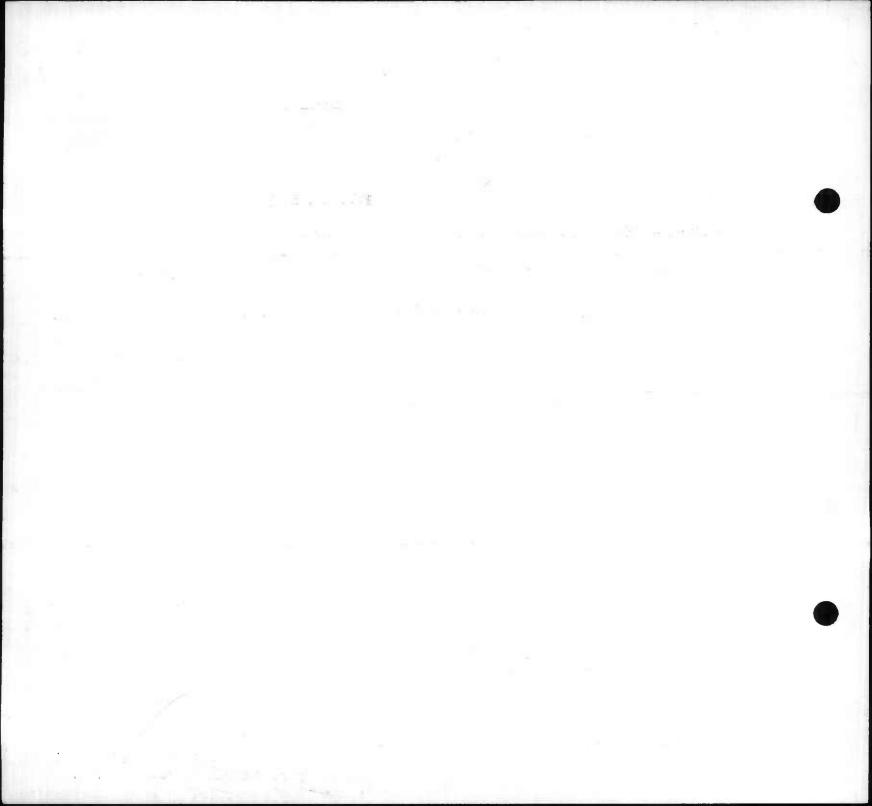
(3-255 71 115	71		HEALTH DEPARTMENT	-	1 11571
1	NAME OF DECEASED		CLKIIIICA		14 = 100	
	pe or Print)				AND HOUR OF DEAT	15-17-6
3.	Nicholas A. Gossma PLACE IN BALTIMORE, MARYLAND, WHERE	nn	INCED DEAD	Dec	10, 1971	institution: residence before admission)
FL	ILL NAME OF (IF NOT IN HOSPITAL CONSTITUTION ADDRESS OR LOCATION	OR INSTITU		Mary Land C. CITY OR TOWN	UNIY	SIDE CITY LIMITS?
6	4300 Parkmont	Avenu	e	Baltimore E. STREET AND NUMBER 4300 Parkmor		YES NO
5.	SEX 6. RACE 7. N	ARRIED [NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in yours lost birthdoy)	if Under 1 Yr., if Under 24 Hrs.
	Male White w	DOWED	DIVORCED	Oct. 8. 1887		Months Doys Hours Min.
10/	. USUAL OCCUPATION (Give kind of work 10 B.	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
!	e during most of working life, even if retired)	7.0				
	Printing S FATHER'S NAME	eli-e	mployed	Maryland 14. MOTHER'S MAIDEN I		U.S.A.
	Training House			MOTHER'S MAIDEN!	MAME	
	Frank Gossmann			Mary Unknown	1	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) lif yas, give war or dates of	servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		220-30-6/13/1	Mrs. Margare	et Gossmann L	21206
	18. 141.01		CAUSE OF DEAT	H Margare	t Gossmann L	300 Parkmont Ave.
	DISEASE OR CONDITION DIRECT	LY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH		ALL BALLEDIATE CALL	R. August	to alon	l n to
	(This does not mean the mode of dyin	ıg, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	V. G. C. D. M.	13.14.4.63
	heart failure, asthenia, etc. If means the injury at camplication which caused deat	disease, th.)		C.	neulism	ł
	ANTECEDENT CAUSES		64	V 7 .		ļ
	DISEASES OR CONDITIONS, if any,		(B) CAL	A CONSEQUENCE OF:	0.0	***************************************
i	rise to the above cause (A) stoli	giving ing ihe	DOE 10, OR AS	A CONSEQUENCE OF:		i
	UNDERLYING CONDITION last		(c)		*****************	
	II					
O	OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING				
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TELL DISEASE OR CONDITION GIVEN IN PART 1 (A	A).	*************		****************	******************************
FIC	19A-DATE OF OPERATION 19B CONDITION WAS PERFORM	N FOR W	HICH OPERATION	20A. AUTOPSY? IVes or	No. 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERTI	Nov. 1971 Ronge	DALE	+ 2 toes	No		AUSES OF DEATH!
CAL	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21 B.	PLACE OF INJURY (e.g., in , form, foctory, street, of	or obout 21C. WHERE DID	(If In Boltime	ore City, give exect location)
EDI	21D-TIME (Month) (Dayl (Year) (Ho OF INJURY	un 21E.	INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
Z	(APPROXI		e At Not While	· []		
	22 1	Work			/-	-1
	22. I certify that (1) (this hospital) att			-01	19 6 ta 5	1971
	that (i) (we) last saw the deceased all		•			inian death accurred on the date
	and haur and from the causes stated a 23A, SIGNATURE	bave. (I)	(We) (did) (dident) v	iew the bady after deat	h	23B, DATE SIGNED
1	7-11-11		Atte	nding Med.	Staff	121.121
	23C. PHYSICIAN'S			Director L	Phys. L.J	1/-/11/1
	NAME (Type)		-		1 01-0	1 2110
24/	BURIAL CREMATION, 24B DATE REMOVAL (Specify)	24C.NA	ME of CEMETERY OF CRE	25167 24D	LOCATION I	city town, or county (Stotal
	Burial 12-13-71	Parl	kwood Cemeter			Balto. Md.
25/		NAME O	F REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS 21236
	11 0 2 1 101	darion	er, M.D.	Lassahn Fun	eral Home 7h	Ol Relair Rd. Balto.
VS	150-REV. 1/1/68	1 1		4 3 0		



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	-520 -4 44-70		HEALTH DEPARTMENT	V 19	14 44
	INO. /I III	CERTIFICA	TE OF DEATH	REG. NO.	1 11572
	or Print)	Ella F.	2. DATE AND	HOUR OF DEATH	3 7 7.1
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution; residence before admission
FULL	NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	Maryland	Baltimore	530
HOS!	ITUTION		C. CITY OR TOWN		DE CITY LIMITS?
1 1	Qina tospital	7 Ba/Fruore	ANOW FIRE	<u>></u> .	YES 🔀 NO 🗌
4	7		E. STREET AND NUMBER 36 43 (aug)	ofield Ra	1. 7
5. SE	eurale Caucarian William	NEVER MARRIED	1	AGE (In years	If Under 1 Yr. If Under 24 Hi Months! Days Hours Min.
	· · · · · · · · · · · · · · · · · · ·		Feb. 20, 1903	68	
A	JSUAL OCCUPATION (Give kind of work 10B, KIND during mgst of working life, even if retired)			n country)	12. CITIZEN OF WHAT COUNTS
Ret	fired - Telephone Operator	: C and P	Maryland		
13. FA	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	Gustan Flanc	lorffer	?	(Me:	ilke)
15. W	os Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
		SECURITY NO. 216-12-9392	Mr. Wilson J.	Tong 261	2 Commfield Dd C
18	No None	CAUSE OF DEATH		Tollg 204	3 Campfield Rd. 7
	DISEASE OR CONDITION DIRECTLY		1	11	BETWEEN ONSET AND DEA
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Respondery	interfice as	8 months 8
	This does not meon the mode of dying, e. toart failure, osthenio, etc. It meons the disea	DUE TO OR AS	A CONSEQUENÇE OF:		do more
	njury ar complication which caused death.	16	4 . /		and high:
	ANTECEDENT CAUSES	au co	metrial earch	10th Q =	U
1	DISEASES OR CONDITIONS, if any, giving	ng DUE TO, OR AS	A CONSEQUENCE OF: Live	rue as as	1)
	ise to the ob ove cause (A) stoting to JNDERLYING CONDITION lost.	he (C)			
H	11	(0)		***************************************	
ZO	THER SIGNIFICANT CONDITIONS CONTRIBUTION	G			
∢ ID	O THE DEATH BUT NOT RELATED TO THE TERMINA ISEASE OR CONDITION GIVEN IN PART 1 (A).			***************************************	
F 18	A-DATE OF OPERATION 198 CONDITION FO		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC 51	/ 1 / 1 / 1 / 1 / 1	guided heedup	.40.	YES	
U 21	R CONTRIBUTING CAUSE OF	TEPLACE OF INJURY (e.g., in tome, form, loctory, stroot, oil to.)	ar obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(if In Boltimore	City, give exect location)
O 21	D.TIME (Month) (Day) (Year) (Hour) 2	1 & INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		While At Not While			
-		Work At Work	/ -> / -	7, 17	1,2 7,
	2. I certify that (i) (this hospital) attended	10		<u> </u>	19 T
- 1	not (i) (we) lost saw the deceosed alive ar	7	19ond that	In (my) (our) opin	ion deoth occurred on the do
	nd hour and fram the causes stoted obove.	(i) (We) (did) (did not) vi	ew the body ofter deoth.		
23	SA. SIGNATURE OUP U	10	30		23B, DATE SIGNED
		DE GREE Phys.	. Li Director Li Pi	haff hys.	
23	NAME (Type)	WUF 2	3D. ADDRESS Silver	Hospital	Baltimore
24A. I	BURIAL CREMATION, 248. DATE 24C.	NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (Cin	, town, or county) (State)
_	Burial 12/15/1971	Lorraine Park		dlawn, Mary	
		7707 7 007710 7 007 11			
25A. I					ty Road 2113
25A. I	DATE REC'D BY HEALTH DEPT. 258. NAM	OF REGISTRAR	25C. FUNERAL DIRECTOR	8728 Liber	
	DATE REC'D BY HEALTH DEPT. 258. NAM			8728 Liber	



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/68

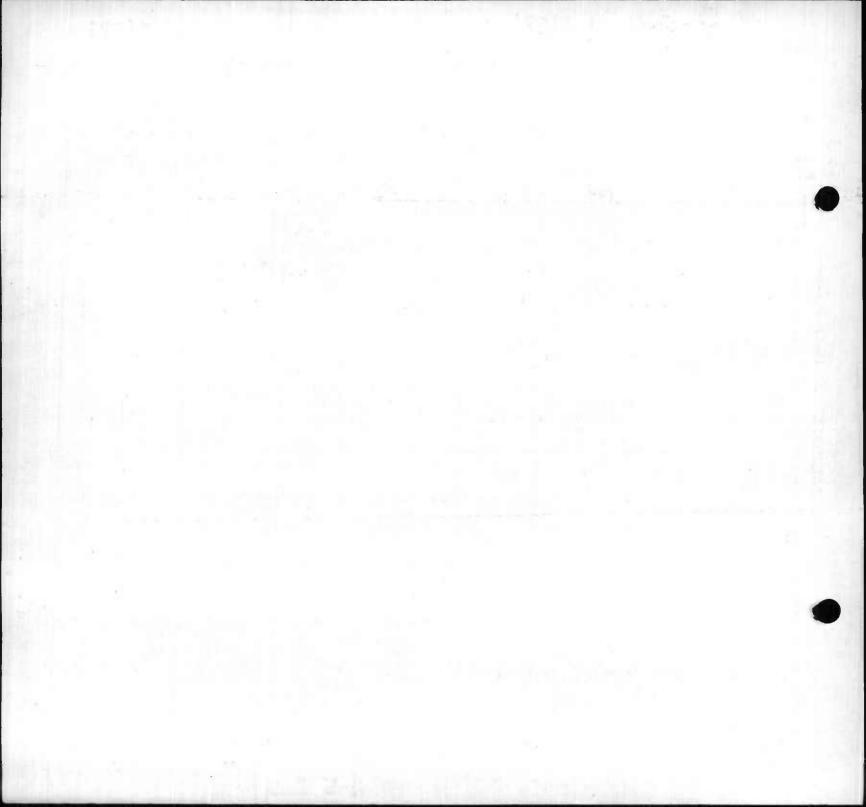
	Y HEALTH DEPARTMENT				
11573 CERTIFICA	ATE OF DEATH REG. NO. 71 11573				
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
CHARLES N. McDERMOTT 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	SUN. DEC. 12, 1971 M. USUAL RESIDENCE (Where decented lived 1/4 institution reliables here.)				
	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 8. COUNTY Maryland				
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
UNION MEMORIAL HOSPITAL	Baltimore YES NO				
44	E. STREET AND NUMBER 3239 Brendan Avenue 21213				
6. RACE White 7. MARRIED NEVER MARRIED	lost histhdayl Months: Days : House : Alia				
WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	March 13, 1911 60				
done during most of working life, even if refired Retired - Shipping Department - Westingho	ouse Baltimore, Md.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
William McDermott	Grance McDonald				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or doles of servicel SECURITY NO.	17. INFORMANT ADDRESS				
Yes World War II 214-03-3592	Mr. Donald McDermott 3514 West. Garrison Av				
DISEASE OR CONDITION DIRECTLY	TH Mystardia I Tufantan BETWEEN ONSET AND DEATH				
LEADING TO DEATH	use Carline and Habrers				
	A CONCEQUENCE OF:				
injury ar complication which caused death.)	SMI				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO OR AS	idva Lafarelem Austriald se flely 1964				
rise to the above cause (A) stating the	S A CONSEQUENCE OF:				
UNDERLYING CONDITION last. (C)	400000000000000000000000000000000000000				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 1	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	in or obout 21 C. WHERE DID Uff in Rollimore City when exact leading				
DEATH (notity medical examiner)	Affice bldg- INJURY OCCUR?				
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Not Whi	21F. HOW DID INJURY OCCUR?				
Work At Wark					
22. I certify that (1) (this hospital) oftended the deceased from that (1) (we) last sawithe deceased alive on the last sawithe deceased of the one will be the last sawithe deceased of the one will be the last sawithe deceased of the one will be the last sawithe deceased of the one will be the last sawithe deceased of the one will be the last sawithe deceased of the one will be the last sawithe deceased of the deceased from the last sawither will be the la	19 7 and that in (my) (our) got tion death assumed as the late				
and haur and from the couses stated above. (!) (We) (did) (did not) view the body ofter death.					
23A. SIGNATURE	23R DATE SIGNED				
DECREE Phy	ending Med. Shoff Director Phys. 12-13-7/				
NAME (Type)	23 D. ADDRESS				
DR. RAFAEL A. PEREZ-MERA DEGREE 24A- BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CE	8507 LIBERTY RD. RANDALLSTOWN MARYLAND				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR Burial 12/15/1971 Woodlawn Ceme	(Side)				
25A. DATE REC'D BY HEALTH DEPT) 25BONAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
DEC 15 1971 Walley E. Vansey 4.0	LORING BYERS FUNERAL DIRECTORS P.A.				

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FUNERAL DIRECTOR: IMPORTANT

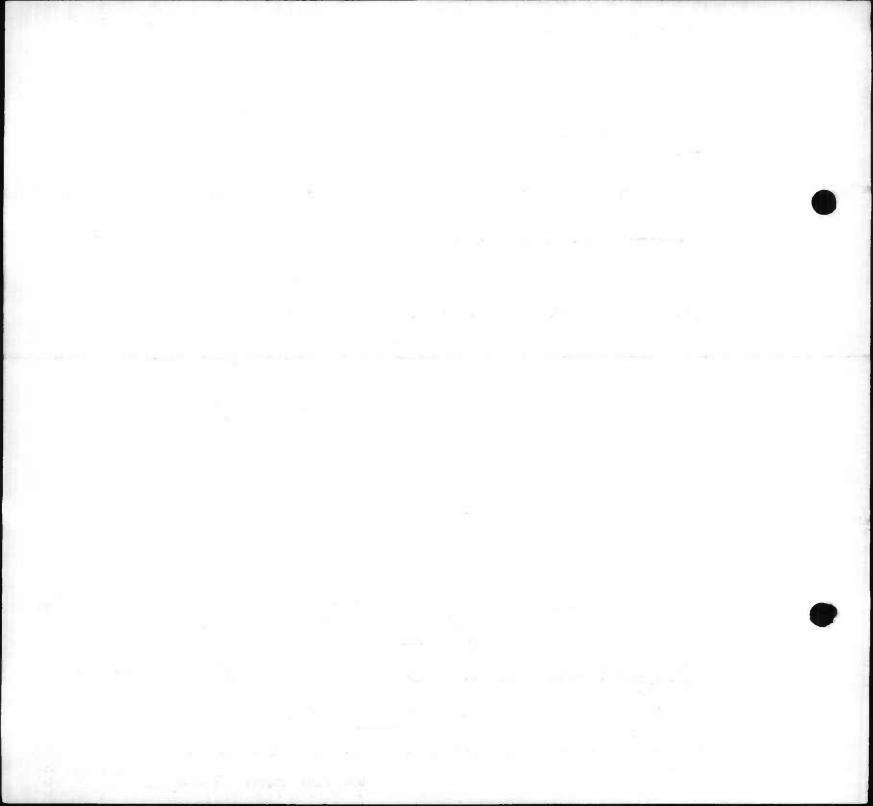
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1 (14) 114 44 114	BALTIMORE CITY	HEALTH DEPARTMENT	
L-520 71 11574	CERTIFICA	TE OF DEATH	REG. NO/1 11574
1. NAME OF DECEASED (Type or Print) James Edwa	rd Lene	2. DATE AND 12-11-	HOUR OF DEATH 7/ 6:45 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT)	deceosed lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	TUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Baltimore Lety H	ospilal	E. STREET AND NUMBER //	YES NO .
3/		634 8-	Curley St.
5. SEX 6. RACE 7. MARRIED WIDOWEL	I NEVER MARKIED		AGE (In years) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	rautner
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) life yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	213-03-924	Fudenik Ka	eller 7312 Bridger god
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g heart failure, asthenia, etc. It means the disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givin rise to the above cause (A) stating the UNDERLYING CONDITION tost.	g (B) DUE TO, OR AS	Tust al az el	al Jufarcture al Jufarcture te a
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, off ic.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21	E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?
≥ (A BBBOV)	Vhile At Work Not While At Work	e 🖳	
	TOIR — AT TOIR		
22. I certify that (I) (this hospital) attended	the deceosed from	17/	35 to Demutal', 1971.
that (I) (we) lost sow the deceased alive an	the deceosed from f.	19.7/and that	55 to Deweller 1971. In(my) (our) opinion death occurred on the date
	the deceosed from f.	19.7/and that	
that (I) (we) lost sow the deceased alive an and hour and from the couses stated above.	the deceosed from Security (I) (We) (did) (did not) v	iew the body ofter deoth.	In(my) (our) opinion death occurred on the date
that (I) (we) lost sow the deceased alive an and hour and from the couses stated above. 23A. SIGNATURE	the deceosed from Scendary (I) (We) (did) (did not) v (I) (DEGREE Physics)	iew the body ofter deoth.	In(my) (our) opinion death occurred on the date
that (I) (we) lost sow the deceased alive an and hour and from the couses stated above. 23A. SIGNATURE And Brew Curstan's NAME (Type) And Yen Kurkow	the deceosed from Scendary (I) (We) (did) (did not) v	nding Med. 23D. ADDRESS 2529 Easte	In(my) (our) opinion death occurred on the date 23B. DATE SIGNED 12/13/1/ Eur. Ave. 21224
that (I) (we) lost sow the deceased alive an and hour and from the couses stated above. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) H N & Ye N KUNKON 24A. BURIAL CREMATION, REMOVAL (Specify) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	the deceosed from Scientific (I) (We) (did) (did not) v	nding Med. 23D. ADDRESS 2529 Easte	In(my) (our) opinion death occurred on the date 23.B. DATE SIGNED 12/13/1/ Eur Ave 71224

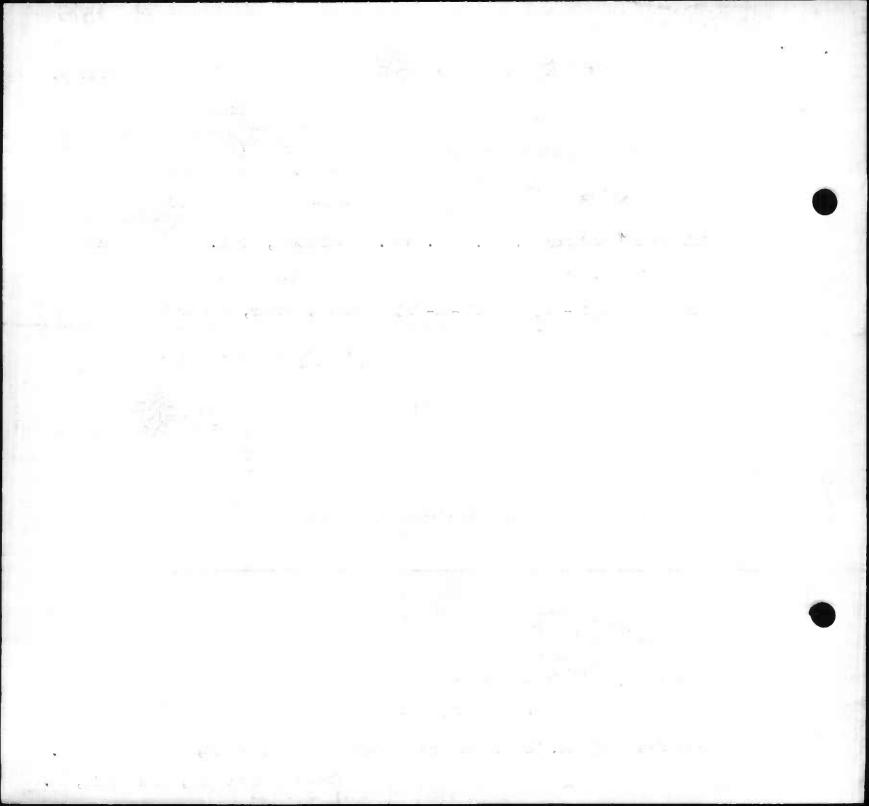


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

6	2-522	71 1	1575		HEALTH DEPARTMENT	REG. NO	71 11575
	TAME OF DECEAS	ED C3				AND HOUR OF DEAT	Н
Пу	pe or Print) SE	TER D.	6	OMSAK	12/10	171 7:45	Par 7:45 P M
3.	PLACE IN BALTIM	ORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If	institution: residence before admission)
FU HC IN	LL NAME OF			UTION, GIVE STREET	C. CITY OR TOWN		ALTO,)
1 /	10 111	AKYLAND	QENZ,	HOSPITAL	E. STREET AND NUMBER		YES X NO
	1 0				1310 - B	COLBUR	CY RD.
S. S	0	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Ye. If Under 24 Hrs. Months Doys Hours Min.
104		AUCASIAN	WIDOWED		11. BIRTHPLACE (State or fo	67	
don	e during most of work	ing life, even if retired!				preign country!	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	D Superison	GAS	+ FLLRC. CO	OHIO		USA
		-1		,	14. MOTHER'S MAIDEN N	,	
15.		oh N C	omsal	11 6. SOCIAL	MARY 17. INFORMANT	YUR	ADDRESS
(Ye	s, no of unknawn) (If	yes, give war ar dote	s of service)	SECURITY NO.	CHART	-	ADDKESS
-	YES	TI WWI		212-05-5506 CAUSE OF DEAT			APPROXIMATE INTERVAL
	7/00/	OR CONDITION DI	RECTLY	CAUSE OF DEAT	13		BETWEEN ONSET AND DEATH
	LEA	DING TO DEATH		(A)IMMEDIATE CAU	ISE CARDIO-RESP.	RATORY A.	RKEST
	heart failure, asli	mean the mode of nenia, etc. If means alian which caused	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
		ECEDENT CAUSES		5TRO	KE (OLD +	NEW	
		CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	UNDERLYING C	bove cause (A) ONDITION last	slaling lhe	(c) AS	CVD		
		11					
CERTIFICATION	TO THE DEATH BI	NT CONDITIONS CO JT NOT RELATED TO TO SITION GIVEN IN PAR	HE TERMINAL T 1 (A).	***************************************		************************	
ERTIFIC	0	ERATION 198 CON WAS PERI	PORMED	WHICH OPERATION	NO O	No. 208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL	OR CONTRIBUTINDEATH (natify med	VAS UNDERLYING COUNTY CAUSE OF Sical examiner	21 B ham etc.	e, farm, foctory, street, a	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II In Boltim	ara City, give exect location)
MEDI	21 D. TIME (M OF INJURY (APPROX.)	onth) (Doyl (Year)	Whi	INJURY OCCURRED Ile AI Work AI Work	21F. HOW DID II	NJURY OCCUR?	
	WORK CO AT WORK CO						
	that (1) (we) last saw the deceased alive on						
	and hour and from the causes stated above. (1) (10) (did) (did not) view the body after death.						
	23A. SIGNATURE 23B. DATE SIGNED						
	Meery	n (Sa	ma	LES MI Atte	nding Med. Director	Shaff Phys.	12/19/7/
	23C. PHYSICIANS 23D. ADDRESS 23D. ADDRESS						
24A	BURIAL CREMAT	ON, 248, DATE	HMA 24C.N	ME of CEMETERY OF CAN	VICT	LOCATION (City, town, or county) (State)
-	REMOVAL (Sped	fy)		- / ^	0	7	
25A	DEC 15	12-14-7	258 NAME	Cathedrac Esecutivas	25C. FUNERAL DIRECTO		ADDRESS 1050 YORK Rel
VS	150-REV. 1/1/68			1000	Municonk- 15	zooks locuson	Tax Towser, prd.

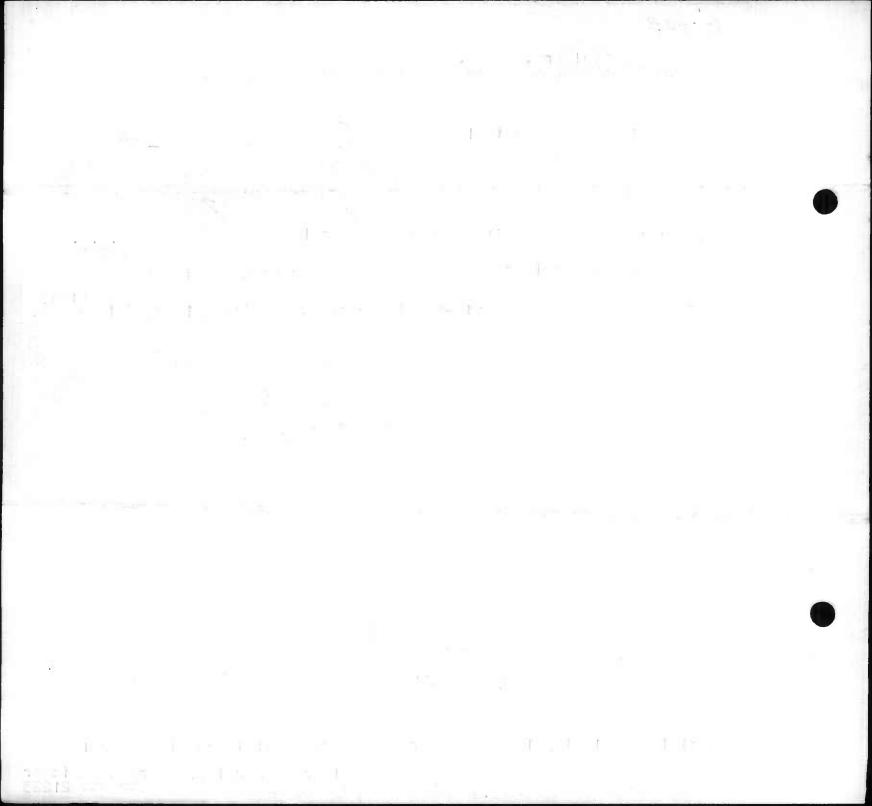


	BALTIMORE CITY I	HEALTH DEPARTMENT /1 115/6		
56 65	W-260 71 11576 CERTIFICAT	TE OF DEATH REG. NO.		
of deatl becease e on th	I. NAME OF DECEASED LARENCE WASSE			
pita of Dec ce o ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY		
a hospit ause of e; (5) De ndance o death	FULL NAME OF OF OF HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Anne Arundle c. City or Town D. INSIDE CITY LIMITS?		
ring causer attent	The Johns Hopkins Hospital	Glen Burnie YES NO X		
F 3 0 B D	5. SEX 6. RACE 7. MARRIED NO. 150 180	125 So. Meadow Drive 8. DATE OF BIRTH 9. AGE (In years 15 Under 1 Ye. 15 Under 24 Mer.		
occur ontrib ermin regula	Male White WIDOWED DIVORCED	1-13-32 lost birthdoy 39 Months Doys Hours Min.		
in eco	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1 done during most of working life, even if retired)	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
	Maintenance Supervisor F. & M. Chem. Corp.	Doylestown, Penna. USA		
rect or (4) Und was the d ispositi		4. MOTHER'S MAIDEN NAME		
dir dir dis	Charles G. Wasser	Charlotte Daniels		
assistant if the dir ny kind; (d death lance on r final dis	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) Yes 1952 - 1956 16. SOCIAL SECURITY NO. 211-22-8163	7. INFORMANT ADDRESS		
d d d	18. CAUSE OF DEATH	Helen G. Wasser, same as 4		
o, o, nce	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
AeseE	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE	CARDIO RESPIRATORY ARREST		
5000	heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.	t minute		
ego pe	ANTECEDENT CAUSES	CONSEQUENCE OF: PANCEBAS.		
xan xan y A wh wh	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A rise to the above cause (A) stoling the	CONSEQUENCE OF: AS TES 44 2		
- 0 M E - 10	UNDERLYING CONDITION last. (C)	00 111 / 30 11 00 100 100		
dica dica rrns rrns vsici	Z			
med phy	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).			
chief medical y a medical Body burns; (the physicial sysician was e the remains	19A. Date of operation 19R. Condition for which operation was performed ted duodenum x2	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO.		
	U 21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., in control of the co			
to to	OR CONTRIBUTING CAUSE OF home, form, loctory, street, office etc.	e bidg., INJURY OCCUR?		
- C - S - D	21D-TIME (Month) (Day) (Yearl (Hous) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
4 c 6 d	(APPROX.I While At Not While At Work At Work			
- W - O I	22. I certify that (1) (this hospital) attended the deceased fram.	12/5 197/10 12/9 197/		
of o	that (1) (we) last pay the deceased alive an	19 7/ and that in (Ayy) (aur) opinion death accurred an the date		
ased to dent of spital death) nust bo	and haur and from the gauses stated above. (M) (We) (did) (and hap) vie			
leased tident of hospita of death	Attendi	ing Med. Staff XX 1.2 (0.47)		
a a co	23C. PHYSICIAN'S DEGREE Phys.	ing Med. Stuff X 12/9/71 D. ADDRESS		
certificate must be body was released vs: (1) An accident D.O.A. at a hospit assed prior to deatl	Richard W. Fideler, M.D.	The Johns Hopkins Hospital		
Y W	24A- BURIAL CREMATION, 24B, DATE 24C, NAME OF CEMETERY OF CREMA			
Second Se	Cremation 13 Dec. 71 Loudon Park Cemet			
This certif the body shows: (1) was D.O./ deceased written ap	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS		
********	DEC 15 1971 Robert E. Jaber, M.D.	Kirkley Funeral Home, Glen Burnie, Md.		
	VS 150-REV. 1/1/68			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

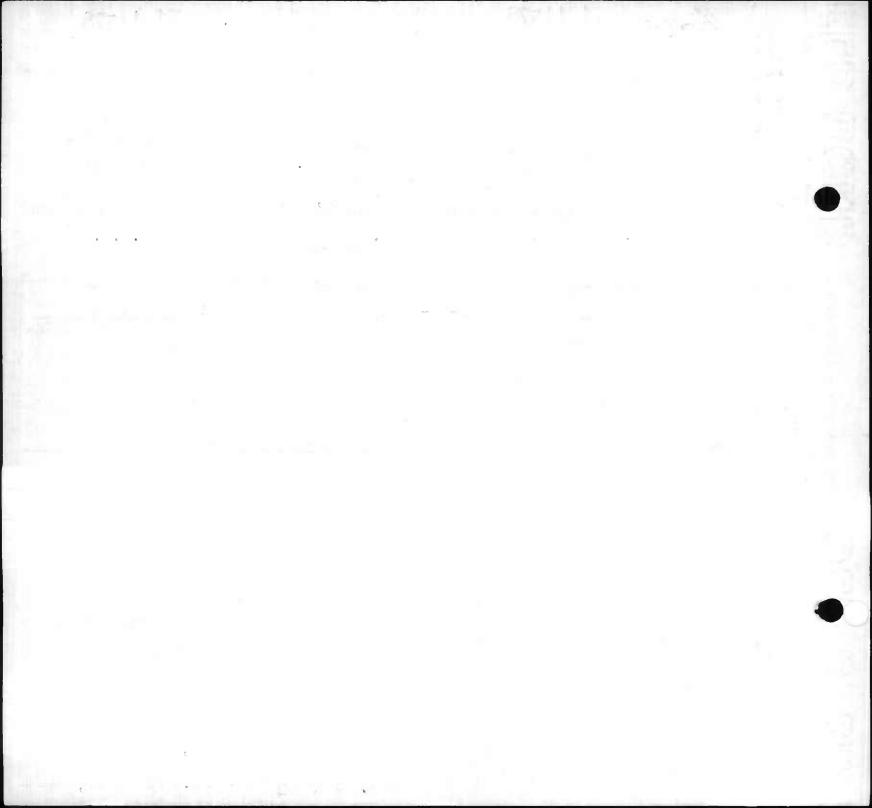
1	7-463	71	115	77			TIMORE CIT					j-m _e		
	TH NO. GA	vlea	nd	Lea) (, CE	RTIFICA	TE C	OF DEA	HTA	REG. NO		1 1	1577
H(Tv	PAME OF DECEA	Ga	ylear	d, L	60	Covy	XXXXX	/ Y Y Y Y	MYY 2.	DATE A	ND HOUR OF DE	ATH /6	35/	
3.	PLACE IN PALTIA	MORE, MA	RYLAND, W	HERE PR	ONOU	NCED DE	AD /	USU A USU	AL RESIDEN	CE (Wh	o doceased lived	di institu	tion: reside	enco before admission)
FU HO IN	ILL NAME OF DSPITAL OR STITUTION	(IF NOT	IN HOSPIT	AL OR IN	STITUT	TION, GIV	E STREET	m	OR TOWN	a. COU!			CITY LIMIT	2006
b	Şa	int A	gnes	Hosp	oita	a I		Ba	1///	non	10		s XX	ио 🗌
2		ton,	Ave	- ,	2%	229	7.	E. STRE	ET AND NE	JMBER H/E	Stab	POI	1/	St.
5. :	SEX 6.	RACE		7. MAR	RIED	NEVER /	MARRIED X	8. DATE	OF BIRTH	,	9. AGE (In years last birthday)	If Mo	Under 1	Yr. If Under 24 Hrs. ys Hours Min.
104	LUSUAL OCCUP	VA V	kind of work	WIDO			VORCED	12	19/14	4	57			
don	e during most of wor	king life, eve	in if retired)						HPLACE (Sto		eign country)	112		OF WHAT COUNTRY?
13.	Laborer				Di I	comp	any		Maryla				U.	S.A.
			h G ay	lear	r d			14. MO	THER'S MAI					
15.	Was Deceased Ev	er in U. S.	Armed For	ms?	11	6. SOCIAL		17. INFO		rgar	et Hessi	an		
(Ye	NO	yes, give	wor or dote:	s of servi	ice)	SECURI				Hud	gins 331	So.	. Cal	21223 Thoun St.
	18.	9 1				CAUS	E OF DEAT	Н					RETW	PPROXIMATE INTERVAL
	DISEASE	OR COND	OTION DIR	ECTLY				L		0-	001	1	-	TELL OTTO A MILE OF WILL
	(This does not	meon the	mode of	dying,	e.g.,		MEDIATE CAL		SUENCE OF	when	Jula	reds	<u></u>	iran iran 844 iran irah musumun manan manan maga
	heort failure, asl injury ar campli	Ihema, elc colion whi	. Il means ch caused	the dise deoth.)	ase,		_	01/	HOLINGE OI.	E 0	-			
	AN	TECEDENT	CAUSES			(n)	Severe	do	eum	mti	MI	in		
	DISEASES OR	CONDITI	ONS, II o	ny, giv	ving	(B)	UE TO, OR AS	A CONS	OUENCE OF	F:				-
	rise to the UNDERLYING C	ONDITIO	N last.	Sloling	lhe	(c)	V		1 2	7	7			
_		- 11		-										
TION	OTHER SIGNIFICATO THE DEATH B	UT NOTRE	LATED TO TH	E TERMIN	NG IAL									
ICA	19A DATE OF OF	DITION GIV	198 CONE	1 (A).		IICH OPER	ATION	120A.	AUTOPSY? (Y	es or No) 208 IE VEC WI	EDE SINIFI	NGE CO	ALS CO EDED
RTIF	0		WAS PERF	ORMED						0, 110	IN CERTIFYING	CAUSES	OF DEA	TH?
	21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	IG CAU	SE OF -		21 8. P1 home, etc.)	form, foci	NJURY (e.g., i ory, street, of	n or obout fice bldg.	21C. WHERE	DID CUR?	(If In Boli	Imore City	, give exc	oct locotion)
AED	OF INJURY	(Do	y) (Yeor)	(Hous)	1	NJURY OC	-		21F. HOW	TNI DID	URY OCCUR?			
	(APPROX.)				While Work		Not While At Work							
	22. I certify the	et (1) (this	hospital)	attende	d the	decease	d fram			1	19ta			19
	that (1) (we) las	st saw the	deceased	alive	on			19		and the	at In(my) (aur)	apinian	death a	corred on the date
	and have and fr	am the ca	uses state	d above	. (1) ((Me) (qiq)	(did nat) v	lew the	bady after	death.				
	23A. SIGNATURE	TI	. 5	1 2-	,	00	Atta	nding [Mod	-	51-11 -/	23 B.	DATE SI	GNED /~
	23C. PHYSICIAN'S	/ Ve	My (· a	ye	Mu	DEGREE Phys		Directo	e L.J	Staff Phys.		12	//0///
	23C.PHYSICIAMS NAME (Type)	La Company	γ		/		ľ	3D. ADD	KE22					
24A	BURIAL CREMA	TION, 24B	DATE	1240	NAM	E of CEAA	DEGREE ETERY OF CRE	MATORY		245 (CATION	(60)		
_	uria	ify)	2/13/				Park (051			-	wn, or cot	· ·
		HEALTH I	DEPT	25B. NAA	AE OF	REGISTRAL	1		UNERAL DI	,	Itimore	City		ryland
	DEC 15	1971	Rober	38.	aB	en M.D	•		Iters			me P	ratt	&Stricker
VS 1	150-REV. 1/1/68			7 7	7	1 1	0	- 1		17			Stre	ets 21223



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior ta death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	/ 71 11578	BALTIMORE CITY	HEALTH DEPARTMENT	1-7	4 41
BIE	1-5.65		TE OF DEATH	REG. NO.	1 11578
1, P (Ty	pe of child	Knirimen		D HOUR OF DEATH	110 35 AM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (When	e deceased lived. Il ins	titution: residence before admission)
H He	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland		DE CITY LIMITS?
12	STITUTION		Baltimore	D. HASIE	YES NO
L	thion memorial H	orp.	E. STREET AND NUMBER 2046 E. EX	XXXXX Belv	
5.	SEX 6. RACE 7. MARR	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. Il Under 24 Hrs. Months! Days Hours Min.
N	Male White WIDOW		Aug 16,1905	lost birthdoy)	Months Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fores		12. CITIZEN OF WHAT COUNTRY?
þf	o during most of working life, even if refired) Tice Mgr. Jack	Baylin Assoc			U.S.A.
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME .	
	Charles E Knirime	en	Catherine	Quandt	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,ne or unknown) Uf yes, give war or dates of service		17. INFORMANT		ADDRESS
	No	215-07-8696		<u>Knirimen</u>	Same
	18,41019	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		C \.	(00000	2012
	(This does not mean the mode of dving,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:		SOLONIN
	heart failure, asthenia, etc. It means the diser	180,	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	\^	0 .	0 -	Vac
	THE RESERVE AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY.	(8) DUE TO CRAS	A CONSEQUENCE OF:	mporna	w HIND LES
	DISEASES OR CONDITIONS, if any, givenise to the above cause (A) staling UNDERLYING CONDITION last,		uan arti	us des	ans
	- 11		(2)		
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
AT	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL		out.	
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A AUTOPSY? (Yes or No	10 CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	or obout 21C WHERE DID fice bidg. INJURY OCCUR?	(If In Boltimore	City, give exact location)
0	21D.TIME (Menth) (Dey) (Year) [Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Work At Work	יח		
	22. I certify that (1) (this hospital) attende		1	19 <u>70</u> to	19 7 /
	that (1) (we)-last saw the deceased alive		- 1		
	• .			ot in (my) Year) obin	ion death accurred on the date
	and hour and from the causes stated above	e. (I) (ME) (elta) (did not) v	iew the body after death.		COR DATE EIGHED
	23A. SIGNATURE	MD. Atte	nding Med.	Stoff [7]	23R DATE SIGNED
	1 - Thus	DEGREE	Director L	Staff Phys.	11 De 71
	23C. HYSICIAN'S NAME (Type)		23 D. ADDRESS		
	J. DIXON HIlls	M.D.			
24	A. BURIAL CREMATION, 248. DATE 240 REMOVAL (Specify)	C. NAME of CEMETERY or CRI	MATORY 24D. L	OCATION (Cit	y, lawn, or county) (State)
	Burial 12/15/7	Gardens Of H	aith Ba	altimore.	Marvland
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		albert M. A.	Lebnard J F	Ruck Inc.	Baltimere Id-
1/5	150-REV. 1/1/68	-	4		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7



FUNERAL DIRECTOR: IMPORTANT

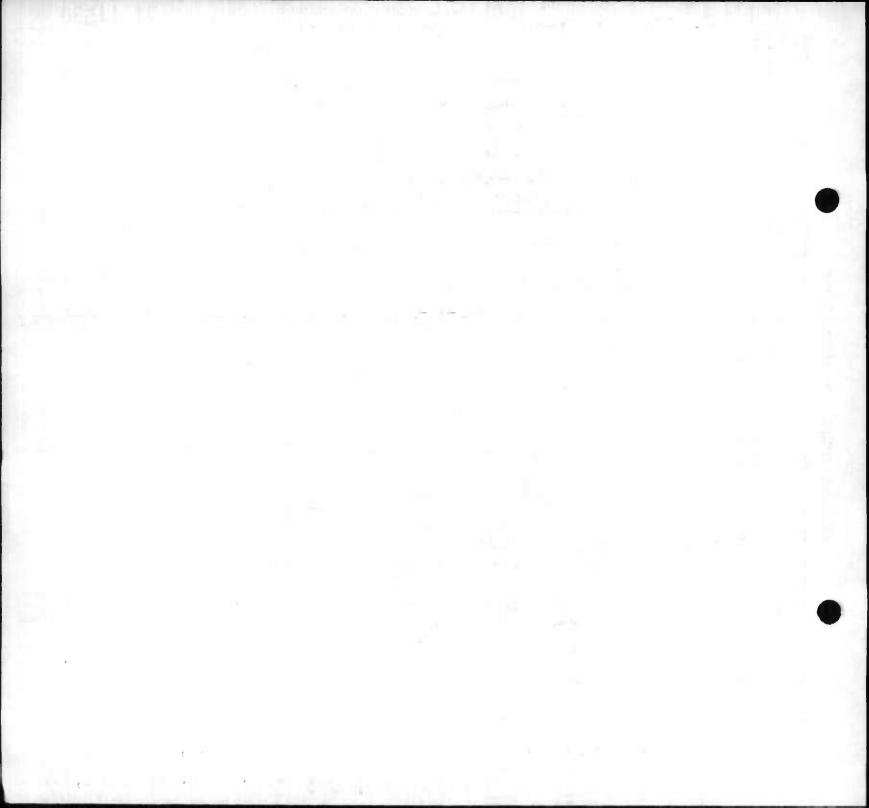
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	T . = 1 114 14 - 110	BALTIMORE CITY	HEALTH DEPARTMENT					
	7-656 71 11579 BIRTH NO. Marry A. Turner	CERTIFICA	TE OF DEATH	REG. NO.	t 11579			
	1. NAME OF DECEASED (Type or Print) TURNER, MAR	V A.	2. DATE AND	HOUR OF DEATH	1 8 25 a.			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	CED DEAD	4. USUAL RESIDENCE (WHere	deceased lived. Il institu	tian: residence belare admission)			
	FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	c. city or town	D. INSIDE (CITY LIMITS?			
1	11,000,000,000,000	AITA	E. STREET AND NUMBER	YE	s No 🗌			
ı	UNION HEMORIAL H		9313 6	ar stid tein	es ve.			
1	WIDOWED	DIVORCED	5/08/016	si birthday) 75 M	Under 1 Yr. If Under 24 Hrs. onths Doys Haurs Min.			
	10A, USUAL OCCUFATION (Give kind of work 10B, KIND OF done during most of working life, even if refired) Housewife	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slobe or foreign	country) 12	Anericant			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	Thoma	s Bre nna n	Develop	Anna	Becker			
ı	15. Was Deceased Ever la U. S. Armed Forces? (Yes, no or unknown) [If yes, give war or dotes of service]	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
Į	no	219-58-6458	William E. Turne	er 8314 Carr	bridge Cr. 21204			
I	18. 42200	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4.10111501475 C4111	Cardia	· Ceres				
ı	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAUS DUE TO, OR AS A	CONSEQUENCE OF					
ı	injury or complication which caused death.)		P. O	4 . 0	1			
	ANTECEDENT CAUSES	(B)	1 Maria	y coleha	· porry			
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the UNDERLYING CONDITION last.	(c)	a consequence of:	F	rox.			
ı	11							
ı	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIND	INGS CONSIDERED			
1	WAS PERFORMED		NO	IN CERTIFYING CAUSES	OF DEATH?			
	OR CONTRIBUTING TICALISE OF		or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Baltimere City	y, give exact location)			
	= IOF INJURY	NJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?				
ı	(APPROXI While							
	22. I certify that (I) (this hospital) ottended the deceased from 12/1/ 19 2/ to 12/1/ 19 2/							
١	that (1) (we) lost saw the deceased office on 15 / 11 ond that in (my) (our) opinion death occurred on the da							
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after deoth.							
	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stuff 1							
	23C. PHYSICIAN'S	DEGREE Phys. Director Phys.						
	+ VLIO BENTOR	1	NW10 N	1115116	RIAL HOSPITAL			
l	24A. BURIAL CREMATION, 248, DATE 24C. NAA	AE OL CEMETERY OF CREA	0		wn, or county) Istale)			
	Burial 12/14/71 Drui	d Ridge		lto. Md.				
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	100 as	ADDRESS			
	DEC 15 1971 Oaber E. Jankey	, ALD.	Leonard, J. Ruc	k Inc. Balto.	Md.			
1	VS 150-REV. 1/1/68							

Called Funeral home For correct address. 1444 Gittings Ave. correct.

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE C	ITY HEALTH DEPARTMENT 71 11580					
D-5/6 71 11580 CERTIFIC	CATE OF DEATH					
I. NAME OF DECEASED (Type or Print) DUMBROWSKY HENRY F.	2. DATE AND HOUR OF DEATH					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY Manyland					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						
Union Kemonal Hoyp	Baltznore YES NO					
INSTITUTION Removal Hopp Ilmon Kernoval Hopp Balti arou Maryland 2/2/8	33 03 Southern avenue.					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED [WIDOWED] DIVORCED [9/25/05 last birthday! Months Doys Hours Min.					
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Upholster Pelvid -	Maryland Harerica					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Michael Dumbrorosley	· Frances Emolansley.					
15. Wee Deceased Ever in U. S. Armed Forces? (Yes, no at unknown) Uf yes, give wat or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
No 215-10-52	69 Mrs Matilda R Dumbrowsky Same					
DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
LEADING TO DEATH	CAUSE Bronchopnenmonia					
(This does not mean the mode of dylng, e.g., DUE TO, OR DUE TO, OR	AS A CONSEQUENCE OF:					
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)						
ANTECEDENT CAUSES	ciroma Right lower to be of hing.					
Commended of Committeeton in mile String	AS A CONSEQUENCE OF:					
ise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	aslasis in Brain					
11						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED						
DISEASE OF CONDITION GIVEN IN PART 1 (A).	20A AUTOPST? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?					
WAS PERFORMED	110					
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	g., in or obout 21C. WHERE DID (II in Boltimare City, give exact location) office bidg., INJURY OCCUR?					
210. TIME Month) Doy) (Year) (Houd 21& INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
While At Not '	While					
Work - At 11						
12/10						
THOU AT (WE) TOST SOW THE DECENSED OF THE OIL	19.7/ and that In(my) (out) opinion death occurred on the date					
and hour and from the couses stated above. (1) (We) (did) (did no						
23A. SIGNATURE	23R, DATE SIGNED					
DEGREE	Attending Med. Staff Phys. Director Phys. M. 12/10/197/					
23 G. PHYSICIANS NAME (Type) / . K. SHETTY	Unon Memorial Hosp. Ball-MD					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county) (State)					
Burial 12/13/71 Parkwood	Baltimore, Maryland					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
VS 150-REV. 1/1/68	Legnard J Ruck Inc. Baltimore, Md					

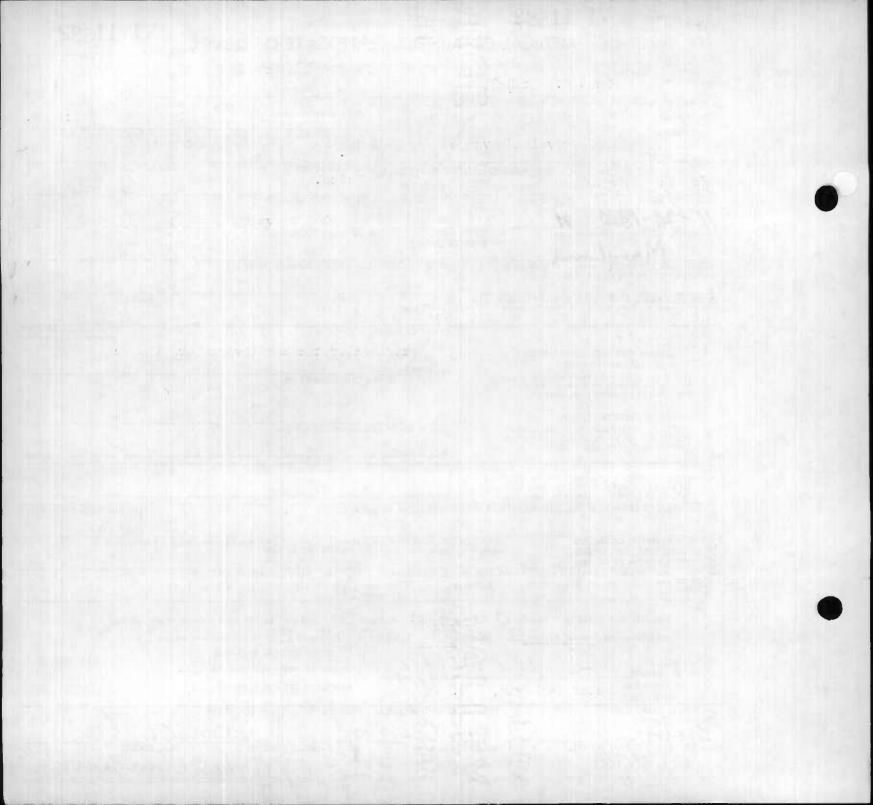


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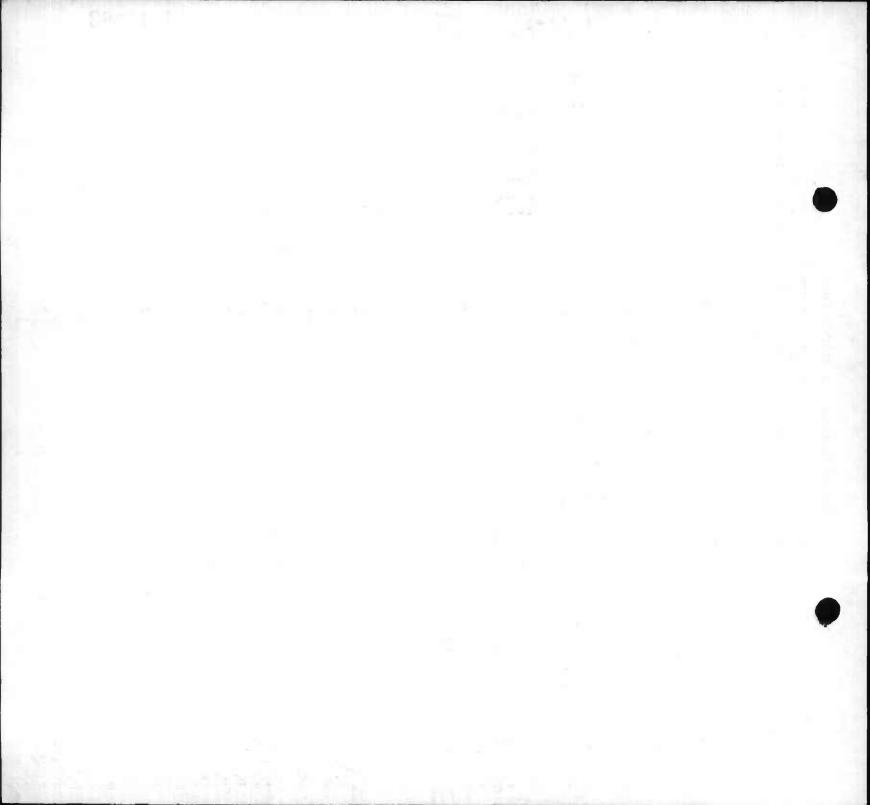
1	5-610	71 1158	1	BALTIMORE CITY CERTIFICA	HEALTH DEPAR		G. NO. 71	11581
	NAME OF DEC) -4	G=1(11110)		2. DATE AND HOUR	DE DEATH	
(1)	rpe or Print)	KIRBY	Jot	IN E.		12/13/7		110:45 p. M
3.	PLACE IN BALT	MORE MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDI	ENCE (Where deceases	lived. If institutio	n: residence before odmission)
FL	JLL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTE	ON. GIVE STREET	Maryl			805
IN	OSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	-	D. INSIDE CIT	Y LIMITS?
	33				Balti		YES	X NO [
	The Jo	hns Hopkin	s Hospi	tal	E. STREET AND I		_	
5.	SEX	6. RACE			8. DATE OF BIRTH	E. North		
	Male	Negro	WIDOWED X	NEVER MARRIED	6/30/0	lost birthdo	y 68 Mont	nder 1 Yr. If Under 24 His. hs Doys Hours Min.
10/	LUSUAL OCCU	PATION (Give kind of work		DIVORCED SINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country		CITIZEN OF WHAT COUNTRY?
do	ne during most of w	rorking life, even if setired)	11/	0	M	/		
13.	FATHER'S NAM	\E	100		14. MOTHER'S M	ADEN NAME		1. S. A.
		Kirby				Chase		
15. (Ye	Wos Deceosed s, no or unknown)	Ever in U. S. Armed Fore	s of service)	SECURITY NO.	17. INFORMANT	0		ADDRESS
L	No		1	12-18-0944	Allow	is BrAY	Ton	5'd me
	18.	2,21	,	CAUSE OF DEAT	1 0 0	6/14		APPROXIMATE INTERVAL
1		OR CONDITION DIR	RECTLY	(e	relief a	nopia		32/
	(This does no	I mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE C		***************	o nous
		isthenia, etc. If means dication which caused		20210,0000	- GONGLEGOLINGE C	<i>^</i> .	<	10-1
	A	NTECEDENT CAUSES		Action	enlesti.	brain is	skart.	30 hour
	DISEASES OF	CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE	OF:	0 0007	2 10 10
	nse la lhe UNDERLYING	abave cause (A) CONDITION last.	stoling the	(c) + AS	CUD			adult life
z	OTHER CIGNIER	II	CANTILICION	37	On And	1 mis		
ATION	TO THE DEATH	BUT NOT RELATED TO THE ENDITION GIVEN IN PART	IE TERMINAL	Occel	erall.	prepaletos	seon	·····
FIC.	19A. DATE OF		DITION FOR WHI	CH OPERATION	20A. AUTOPSY?	(Yes of No) 20B, IF Y	ES WERE FINDIN	GS CONSIDERED
CERTIFIC					Ye		TING CAUSES C	PE DEATH?
CAL C	OR CONTRIBUT	I WAS UNDERLYING TING CAUSE OF		ACE OF INJURY (e.g., ir form, foctory, street, af			In Boltimore City,	give exocl location)
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E. IN	JURY OCCURRED	21 F. HOV	V DID INJURY OCCU	IR?	
≥	(APPROX)	00	While work	At Work				
	22. I certify t	hal (1) (this haspital)			2-17-	19 761	12-	10 7
		ast saw the decease		12-13	19 7/		(aur) apinian d	eath occurred an the date
	and haur and	fram the causes state	ed abave. (I)	Ve) (did) (did nat) v	ew the bady after),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	date on the date
	23A. SIGNATUR	E 10 2 111 (7)				23 B, D	ATE SIGNED
	:	In may	Va	DEGREE Phys	ding Med	ctor Shaff)	2-13-71
	23C. PHYSICIAN NAME (Ty	rs Walter	Malloy,	DEGREE	3D. ADDRESS	hns Hopkin	ns Hospi	tal
244	BURIAL CREA			DEGREE OF CEMETERY OF CRE				
1	REMOVAL (Sp	ecify)	1 00	CT -		24D. LOCATION	(City, town	, or county) (Stote)
254	DATE REC'D	LALIH DEPT.	258 NAME OF	EGISTER HENES	25C. FUNERAL	64. /-S	sex,	179
8	F	Wille BE	Jaber M	2 1	ZSC. FUNEKAL	DIKECTOR .	, 2	ADDRESS
VS	150-REV. 1/1/6	3			164 43	W1600	1000/1	milly some.



11/1 2 11/1	HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO
1. NAME OF DECEASED (Type or Prim) Lena N. Mitchell	2. DATE Known Amonth Day Year Hour OF DEATH Estimated 12 10 71
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE PRONOUNCED DEAD Month Doy Yeor Hour 12 10 71 2:10 a.m.
4307 Groveland Avenue	5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) A STATE B. COUNTY Md. I.D. INSIDE CITY LIMITS?
female Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (in years # Under 1 Yr, il Under 24 H	Balto. YES AND
10-20-1890 lost birthday) Months Days Hours M	
WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUS done during most of working life, even if retired)	unkmour
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((Il yes, give whrap dates of service) SECURITY NO.	18. INFORMANT ADDRESS
19. 4-12 f 1 CAUSE OF D	EATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dyling, e.g., heart follure, asthering, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	riosclerotic cardiovascular disease E CAUSE PR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRE OF INJURY (APPROX)	g., in or obout 22C. WHERE DID (II in Baltimore City, give exact location) fice bldg., etc.) INJURY OCCUR?
	Autopsy ond that on this basis, death in my opinion cide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 12/10/71



S M	BALTIMORE CITY	HEALTH DEPARTMENT	1 44 #02
5-351 71 11583	CERTIFICA	TE OF DEATH REG. NO.	L 11583
T.NAME OF DECEASED (Type or Print) STONEBRAKER	RAYMOND	2. DATE AND HOUR OF DEATH	6.55
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYIAMO	IDE CITY LIMITS?
44		BALTIMORE	YES NO
THE UNION MEMORIAL	<u>'</u>	3958 WILSBY AVEN	
WIDON		8. DATE OF BIRTH 11-25-20 9. AGE (In years lost birthday) 5	tf Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if refired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
STONE MASON		PENNA.	AMERICAN
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
UNKNOWN.		SARAH LOVE,	
i5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of servi	cel SECURITY NO.	17. INFORMANT	ADDRESS
VES WW II	17/2-14-7621	MARIA BEARD 3	915 Wholehy ALE
18, / 9 9	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		A.I.	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying,	(A) IMMEDIATE CAL	ISE METASTATIC CARCÍNO,	MA,
heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	ase, DUE TO, OR AS	A CONSEQUENCE OF:	
ANTECEDENT CAUSES			į.
DISEASES OR CONDITIONS, il any, gi	(B)	A CONSEQUENCE OF:	
rise to the above cause (A) stating	the sale to, or as	A GONSEGUEROE OF:	
UNDERLYING CONDITION last	(c)	***************************************	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL		
DISEASE OR CONDITION GIVEN IN PART 1 [A].	OR WHICH OPERATION	[20A. AUTOPSY? (Yes or No.)] 20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (If In Boltimor lice bidg. INJURY OCCUR?	e City, give exect location)
21D. TIME (Month) (Doyl (Year) (Hour) OF INJURY	21 & INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work Not While At Work	· 🗆	
22. I certify that (I) (this hospital) attend			- 14 19 71
that (i) (we) lost sow the deceased offve	13 - 111	,	nion deoth occurred on the dote
ond hour and from the causes stated above			mon deom occurred on the dole
23A. SIGNATURE	to (1) (the) (the) gain Hot/	The Body after deaths	238, DATE SIGNED
(Milos Hojo and	Physic	nding Med. Staff Phys.	12-14-71.
23C. PHISICIANS NAME (Type) JULIO A. DEA	DEGREE)	THE UNION MEMORIAL	Hace; mas
24A. BURIAL CREMATION, 124B. DATE 1241	C. NAME of CEMETERT of CRE		,
REMOVAL (Specify)	ha . /. / -	MATORY 24D. LOCATION (Ci	ly, town, or county) (State)
SORIAL DATE RECTO BY HEALTH DEPT. 25E. NAM	AE OF REGISTRAR	M. CEM, FARKVIllE,	BALTA Md
	TE OF REVISIONS	25C. FUNERAL DIRECTOR	ADDRESS 40/



Charles A. Rice

661 W. Barre St.

VS 151-REV. 1/1/68 N 20179710001560

2-7-1972 - Letter - Office of the Chief Medical Examiner - Werner U. Spitz, M.D.

Deputy Chief Medical Examiner

HRS

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	D-120/1 11585 BALTIMORE CIT	Y HEALTH DEPARTMENT
1	CERTIFICA	ATE OF DEATH REG. NO. 71 11585
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
-11	Davis, Mamie C. (Shird)	December 9, 1971 4:35 Am.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
li	Provident Hospital	Baltimore, YES XX NO
	2600 Liberty Hgts.	E. STREET AND NUMBER
5	Baltimore, Md.	8. DATE OF BIRTH 19. AGE (In years 16 linder) Ve 16 linder 24 Mer.
	MARKIED NEVER MARRIED	ast birthday! Months! Days Hours Min.
1	Female Negro WIDOWED X DIVORCED DA. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTR	8=22=1903 68 Y 11. BIRTHPLA CE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
d	one during most of working life, even if refired)	
1	Nnemployed 3- FATHER'S NAME	North Carolina U.S.A.
1	Robert Dunham	Charity Burns
lio	5. Wos Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
L	No 201-07-2271	William Shird (Son) 2316 Lanvale St.
	18. 4 4 1 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Septionie 2 days
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	USE Sephicema a days
	heart failure, astheria, etc. It means the disease, injury or complication which caused death.)	1
	ANTECEDENT CAUSES	Intestinal Infanction
	DISEASES OR CONDITIONS, if any, giving (B).	S A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	/
APION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED	osclar the Cardio basenar Frence
Chatter	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2 14 2	OR CONTRIBUTION OF THE PROPERTY OF THE PROPERT	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? (If In Boltimore City, give exact location)
3	21D. TIME (Manth) (Doy) (Year) (Hour 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
4	(APPROX.) While AI Not Whi	10 1
	22. I certify that (1) (this hospital) ottended the deceased from	
	that (I) (we) lost saw the deceased alive on December 9,	19 71 and that in(my) (aur) opinion death accurred an the date
	and hour and from the causes stated above. (1) (We) (did) (did not)	the date
	23A. SIGNATURE	23B, DATE SIGNED
	1 /	ending Med. Stoff 12/9/>/
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	MUHAMMAD JAVAID SHAFI	browident hospital
2	A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CR	tould at county, (2)olei
	Burial 12/13/71 Arbutus Mem.	Park Baltimore, Maryland
2	A. DATE REC'D BY HEALTH DEPT MER. NAME OF RECHSTRAR	25C. FUNERAL DIRECTOR ADDRESS

4611 Park Height Harve Il Hear VS 150-REV. 1/1/68

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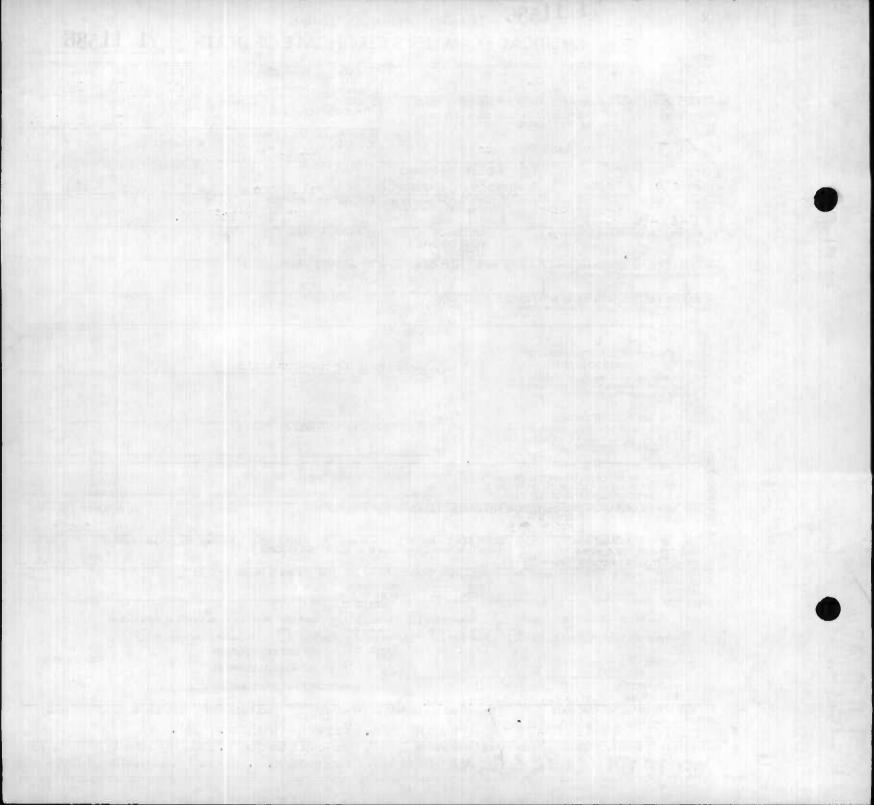
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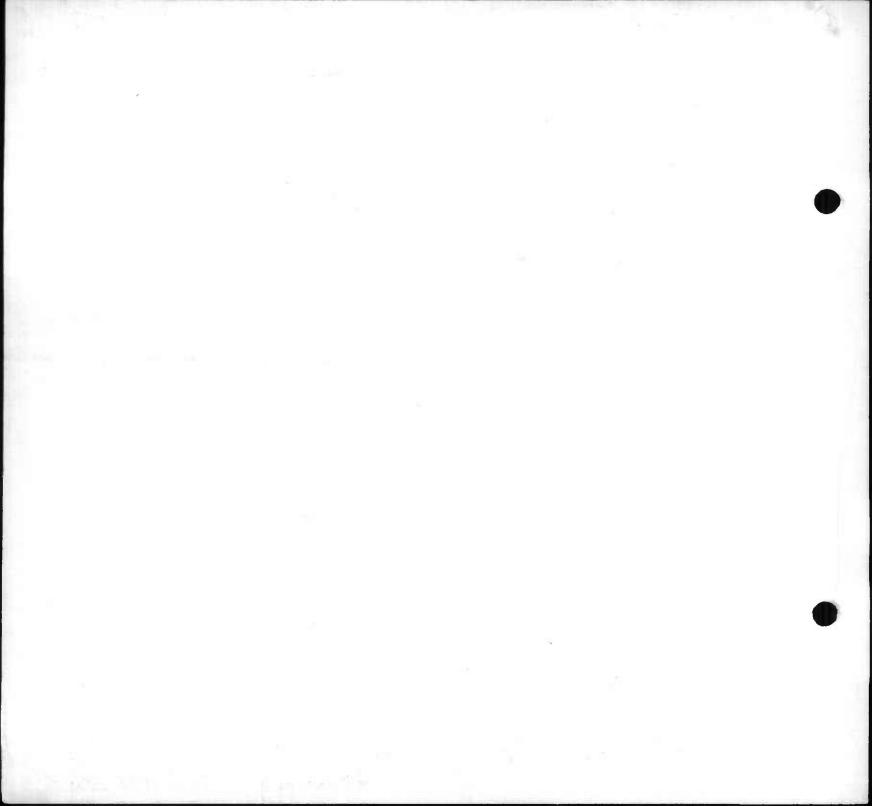
es and an analysis of

		7	1 11	586								-		
/	10-43	35				BALTIMORE CITY				-		74 44	-00	
6			MED	ICAL	(E)	KAMINER'S	5 C	ERTIFIC	CATE OF	DEAT	H REG. NO	7 11	290	
	TH NO.	CACED						2. DATE	Known 🔯	Manth	Day	Yeor	Hour	
1. NAME OF DECEASED (Type or Print) Rosie Weldon						OF	Estimoted	12	13	71	3:00	P		
KOSIE WEIGHT 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						DEATH 3. DATE	2	Month	Day	Year	Haur	- •M		
FUL	L NAME OF	(IF NO	TIN HOSPITA	LORINS		ON, GIVE STREET		PRONOU	NCED DEAD	12	13	71	3:00	P. _M
OR.	SPITAL INSTITUTION	ADDRE	SS OR LOCA	110N)				5. USUAL RE	SIDENCE (When		ved. If Institut	ion: residence		
	39		vident	Hosp	ita	1			Maryland		B. COUNTY		15	11
	SEX 7	7. RACE				NEVER MARRIED		C. CITY OR	rown		D. INSIDE	CITY LIMITS?		
	Female	Negr		WIDOV					Baltimore	2		YES X	ио Ц	
9. [DATE OF BIRTI	1	lost birihdo			nder 1 Yr. If Under 24 hs; Days; Hours; I		E. STREET A	ND NUMBER	77 1 7 4	n.1			
	2-12-9		11						3907 N.	Hilton	. Kd.			
11.	BIRTHPLACE (S	tale or foreig	n country)		12. C	WHAT COUNTRY?		13. FATHER'S	NAME					
14A don		PATION (GM	e kind of work en if retired)	148. KINC		BUSINESS OR INDU	STRY	15. MOTHER	'S MAIDEN NA	ME				
16.	WAS DECEAS	D EVER IN	U.S. ARMED	FORCES	?	17. SOCIAL SECURITY NO.		18. INFORM	ANT			ADDRESS		
(10:	no or unknown)	fu Aez' Biae a	vor or doles	OI SELAICE	,	21412829	3	Georgi	a Wilso	n		same		
	19. / / /	0 1				CAUSE OF	DEAT	Н					PPROXIMATE IN	
	DISEASE OR CONDITION DIRECTLY													
	LEADING TO DEATH (A)IMMEDIATE CAUSE						AUSE Car	cinomato	sis					
	(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. it meons the disease,													
	injury or complication which coused deoth.)													
	ANTECEDENT CAUSES (8)													
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE													
-	! UNDERLYING CONDITION LAST.													
Ô											•			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).													
RTIF						WHICH OPERATION	V WA	S PERFORM	ED			21. AUTO	OPSY? (Yes o	r No)
1	2						1 1 3				Partia	_		
×							in or obout 2	C. WHERE DID	(If in Baltimo	re City, give	exact location)			
MEDICAL	UNDERLYING UTING CA	USE OF DEA	TH.			, farm, foctory, street,				Huny occ	100			
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK													
	23.				_		P	artial		. ve				
		ify that I h			_	Inspection		opsy X	and that on					
	resul	red from N	latural cau	505	A	cc dent Su			micide		ned manne	-		
	ACTUAL	1110	11 1	(1	1-	De		HIEF MEDICAL		FI		DATE SIGN	VED
	ACTUAL SIGNATURE M.D.						M.D.	ASSIS	TANT MEDICAL	EXAMINER				
	EXAMIN	ER'S	10		1			ASSO	CIATE MEDICAL	EXAMINER			12-14	-/1
24	A. BURIAL CRE		Werner	П.	Spi	C. NAME of CEMEN	EDV	CDEMATO	DV lato	LOCATION	(City to	own, or county	15	(0)
	MOVAL (Speci	fy)	248. DATE	7	24							own, or county	(Sta	16)
	Burial		12-17			Arbutus	Mei			lto.,				
25	A. DATE REC'D	BY HEALTH	DEPT.	- 1		OF REGISTRAR			UNERAL DIREC				Stroo	+
	DEC IN	19/1	Jagar.	قر مع	bes	K.D.		Kel	son F.H	1. 13	40 Ca.	lhoun	poree	U

VS 151-REV. 1/1/68



-	J-520 71 11587		TE OF DEATH	REG. NO	71 11587			
	1. NAME OF DECEASED (Type of Print) ALVERT JR. 6	Scar Lo	UIS JONES 12-1	HOUR OF DEATH	1 10/ A M			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)			
	FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONI	UTION, GIVE STREET	C, CITY OR TOWN	Anne He	DE CITY LIMITS?			
	South Saltemore bever	el Hospital	E. STREET AND NUMBER		YES NO NO			
	5. SEX 6. RACE 7. MADRIED	V	Box 17					
	5. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BUTH 37	9. AGE (In years last birthday)	Months Doys Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore)	gn country!	12. CITIZEN OF WHAT COUNTRY?			
-	13. FATHER'S NAME JOHN W. JONES	د	14. MOTHER'S MAIDEN NAM	ΛE				
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! Uf yes, give wer or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	0 1	ADDRESS			
	18,	CAUSE OF DEATI	Mother	Dox 17.	ROWNSUILE Md			
	DISEASE OR CONDITION DIRECTLY		7 A A 7		BETWEEN ONSET AND DEATH			
	Chis does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE () MASSIVE PULM. EMISCAUS DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQU							
	ANTECEDENT CAUSES	(8) 060		1, w 1	In marcia			
	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	(c)	A CONSEQUENCE OF:	ulune				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	***************************************					
	19A DATE OF OPERATION 19B CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IP YES, WERE F	INDINGS CONSIDERED			
	O 21A. ACCIDENT WAS UNDERLYING 21B. hom of the contributing CAUSE OF CA	e, form, foctory, street, of	or obout 21 C. WHERE DID	if in Boltimore	City, give exact location)			
	= OF (NJURY	INJURY OCCURRED Not While At Work	21F. HOW DID INJU	JRY OCCUR?				
	22. I certify that (I) (this hospital) attended the deceased fram 19 // ta // /oc 19 //							
	and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.							
	234-SIGNATURE R (shlert /			Shaff Phys.	23B, DATE SIGNED			
	23C. PHYSICIAN'S NAME (Typel	/	3D. ADDRESS					
	REMOVAL (Specify)	ME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or county) (Slote)			
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	F REGISTRAR	256 FUNERAL DIRECTOR	Derbury	ADDRESS.			
I	/S 150-REV. 1/1/68	200	N Julyan &	else, II +1	una. ma.			



chief medical

approved

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) PROUT. WALTER DECEMBER 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE NO AGNES HOSPITAL E. STREET AND NUMBER LEXINGTON STREET 1947 WEST 5. SEX 6. RACE & DATE OF BIRTH 9. AGE un lost birthdoy 88 9. AGE (In years MARRIED NEVER MARRIED If Under 24 Hrs. Months Days Hours MAIF NEGR O 12/12/83 WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HECHT PORTER MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) liff yes, give war at dates of service) BALTIMORE, MARYLAND ADDRESS 21229 ES HOSPITAL CATON & WILKENS AVE 6. SOCIAL 17. INFORMANT SECURITY NO. ST AGNES NO 18. CAUSE OF DEATH APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician ian was in ASOUD nedical ex burns; (3) UNDERLYING CONDITION last before the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). No physician any nature; (2) Body 20A. AUTOPSYT (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY le.g., in or obout 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exact location) to the hospital MEDICAL DEATH (notify medical examiner) (except wheel some solutions); and (6) No sobtained to 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At ___ Not White IAPPROX. At Work Work 22. I certify that (1) (this hospital) attended the deceased fram NOVEMBER ond that in(MyX (our) opinion death occurred on the date DECEMBER 14 19 71 death); pe that (A) (we) last saw the deceased alive on. of hospital and hour and from the causes stated above. (1) (We) (did) (818 hot) View the bady after death. the body was released shows: (1) An accident must 23A. SIGNATURE 23 B. DATE SIGNED Attending [Med. Staff 0 approval 0 prior 23C. PHYSICIAN 23D. ADDRESS ŧ NAME ITypel SERGIO SAN PEDRO, M.D. D.O.A. 24A. BURIAL CREMATION eceased (City, town, or county) PREMOVAL ISpecify) URIA Was 25A. DATE REC'D BY HEALTH SEPT. 25B. NAME OF REGISTRAR

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20-22-01	C CL

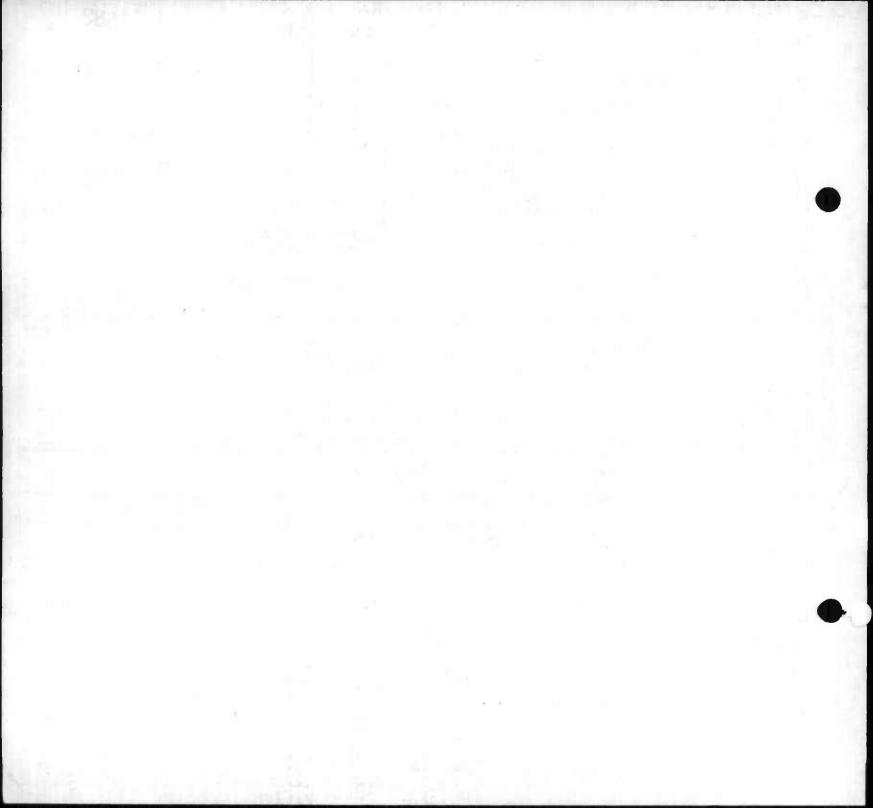
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the the deceased prior to death. Such was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or decased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT death FUNERAL DIRECTOR:

BALTIMORE	CITY	HEALTH	DEPAR	TME

LIMOKE	CIIT	HEALIH	DEPAKI	WENI
DTIEL	CA:	TE O	E DE	ATL

REG. NO.	71	11	8

R	400			BALTIMORE CITY	HEALTH DEPARTMENT		71 11589	
BIR	TH NO. 71	11589		CERTIFICA	TE OF DEATH	REG. NO	A TTOOK	
	AME OF DECE		2.2			D HOUR OF DEATH		
	W - 00 101 0 11	Willie F			Dece	mber 12, 19	9:00 and positivations residence before admission	
		IMORE MARYLAND, W			A. STATE & COUNTY	IX	900	
HC	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)			UTION, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
IN:	Baltimore City Hos			enitale	Baltimore	0	YES XX NO	
	21				E. STREET AND NUMBER	7	TO EX	
	4940 Eastern Avenue Baltimore, Maryland				2038 Kennedy	3	0.70	
5. 5	EX	6. RACE		X NEVER MARRIED		9. AGE Un years	If Under 1 Ye If Under 24 Hrs. Months Days Hours Min.	
	ale	Mogra	WIDOWED			lost birthdoyl	Months Doys Hours Min.	
		Negro			3-23-26	45	12, CITIZEN OF WHAT COUNTRY	
		rorking life, even if retired)	TOR KIND O	r Bosiniago Ok intoosiki	South Carolin		USA	
13.	FATHER'S NAM	NE .	1		14. MOTHER'S MAIDEN NAM	AE		
	77-							
16		rvey Ever in U. S. Armed For	1707	1 & SOCIAL	Diana 17. INFORMANT	Amos	ADDRECC	
(Yes	ho of unknown)	lif yes, give war or date	s of servicel	SECURITY NO.			n Avenue	
	No.			215.24.0676	BCH RECORDS:	Baltimore,	Maryland 21224	
	18. sef	5 X		CAUSE OF DEAT	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
		OR CONDITION DI	RECTLY		1			
		LEADING TO DEATH	1.4.	(A) MMEDIATE CAU	ise lactic	acidosis		
	(This does not mean the mode of dying, e.g., DUETO OR AS A CONSEQUENCE							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
	A	INTECEDENT CAUSES		101 100	4 docase			
	DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
		above cause (A)	stating the		change Rithy			
	UNDERLYING CONDITION last. (c)							
z	OTHER SIGNIS	II CANT CONDITIONS CO	NITPIBLITING	1.0	000000			
АПО	TO THE DEATH	I BUT NOT RELATED TO T	HE TERMINAL	Wa	a Subor or			
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION				20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED	
ERTIFICA	21	WAS PER	PORMED		Yes	IN CERTIFYING C	LUSES OF BEATH?	
CAL CE	21A. A CCIDEN OR CONTRIBU DEATH (notify	T WAS UNDERLYING	211 hor	RPLACE OF INJURY (e.g., i ne, farm, factory, street, of J	or about 21 C. WHERE DID	(If In Boltimo	re City, give exect location)	
EDIC	21 D. TIME	(Month! (Doy) (Yeat)	(Hous) 216	INTILEY OCCUPAND	21E HOW DID INII	HEY OCCUPY		
ME	OF INJURY	the the teach treat		21E INJURY OCCUR? While At Not While T				
	(APPROX.)		W	ork At Work			~	
	22. I certify	that (N) (this hospita	l) attended t	the deceased from	15 6	19 <u>]</u> to	15/13 10 [
	that (i) (we)	lost saw the decease	ed olive on_	15/15	19ond the	at in (my) (our) op	inion deoth occurred on the dat	
	ond hour and	from the causes sta	ted above.	(I) (We) (did) (did not)	iew the bady after death.	-		
	23A. SIGNATU		-/				23 B. DATE SIGNED	
		2000	Ko	AH	nding Med.	Shaff	15/15	
	23C. PHYSICIA	rear		The N Doegree Phy	12D ADDRESS	Phys.	1918	
	23C. PHYSICIA NAME (T)	red Leon Lan	dau. M.		4940 E	astern Aven		
				DEGREE		ore, Maryla		
24/	REMOVAL IS	pecify) 248. DATE	24C.N	AME OF CEMETERY OF CRI			City, town, or county) (State)	
1	9.111	12/1/01	7/ /h	1 Calvery	an	se arunde	Co. Mayer	
25	A. DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C FUNERAL DIRECTOR	£1 0	(73) DDRESS	
	OF	C15 97	Jobert E	Jarber M.D.	Mchall W	treo h "	Harford and.	
I L	DEC 15 ETT DECES E. Jasker M.D.: 25C. EUNERAL DIRECTOR House of House of Parties of Starford One.							



BALTIMORE CITY HE	ALTH DEPARTMENT					
71. 11590 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 1 11590					
BIRTH NO.						
1. NAME OF DECEASED (Type or Print) MICHAEL RAMSEY	2. DATE Known Month Doy Year Hour of DEATH Estimated					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 12 12 1971 11:15a					
Johns Hopkins Hospital	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY					
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
male negro widowed Divorced	Balto. YES NO					
9. DATE OF BIRTH 10. AGE (In years H Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER					
July 25, 1955 16	2404 Harlom Ave.					
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME					
Baltimore, Md. WHAT SOUNTRY?	Alonzo Ramsey					
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if reflect)						
S tuden t 6. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	Christine Branch IB. INFORMANT ADDRESS					
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown)(II yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	Marshall Kendall 2404 Harlem Ave.					
19. CAUSE OF DEA						
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:					
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No					
	yes					
	In or obout 22C, WHERE DID (II in Baltimore City, give exact location) e bidg., etc.) INJURY OCCUR?					
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E,INJURY OCCURRED	1524 N. Broadway					
OF INTURY	WHILE Shot while playing Russian Roulette.					
23.						
I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 12-13-71						
NAME (Type) RUSSETT 5. FISHET, FI.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY						
REMOVAL (Specify)						
Burial 12-17-71 Mt. Auburn Ce	emetery Baltimore, Md.					
DEC 15 1971 Pake & E. Faber, M.D. 4	Morton & Dyett F. H. 1701 Laurens St.					
VS 151-REV: 1/7/8B	4536					

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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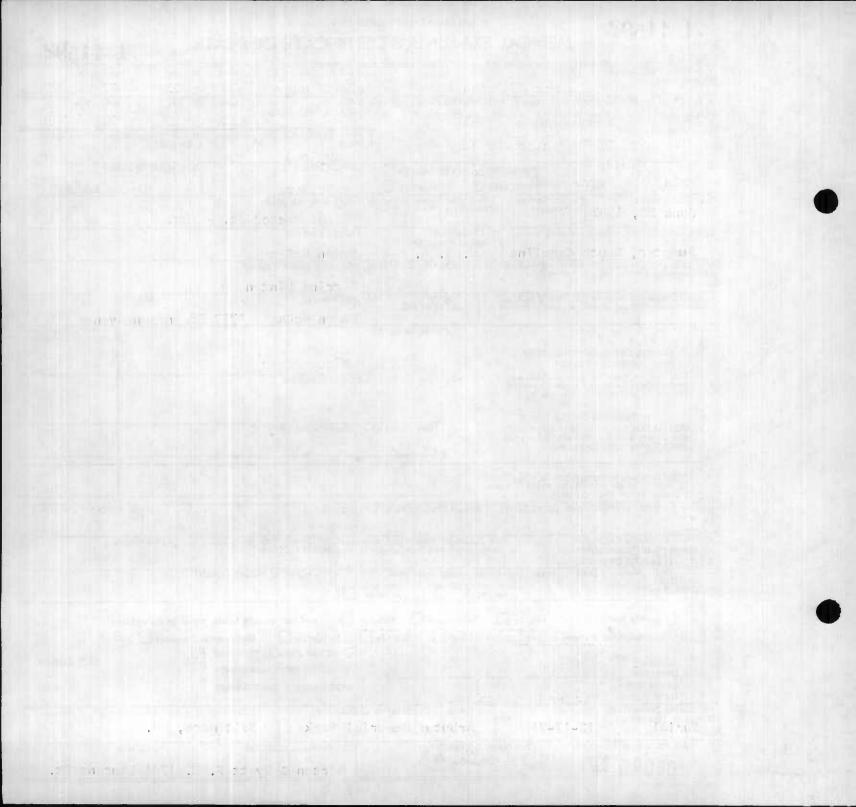
	71 11591 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF PRACTICAL PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMI					
	BIRTH NO. CERTIFICATE OF DEATH					
	Type or Print) CROSWIELL BEULAH 2. DATE AND HOUR OF DEATH					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceosed lived, if institution: residence before odmission) A. STATE B. COUNTY					
- !!	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?					
	Lutheron Hasfital Ballemare YES NO DESTREET AND NUMBER 2009 Chipton one -					
	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 24 Hrs.					
	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	Bennetts ulles C U-SA					
	3. FATHER'S NAME					
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS						
Ill yes, no or unknown) Ill yes, give wor or dotes of service) SECURITY NO.						
	18. 4 2 7 0 1 CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	LEADING TO DEATH					
	IThis does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:					
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:					
	underlying condition last. (C)					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL CIDISEASE OR CONDITION GIVEN IN PART 1 (A)					
10.01	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
14.0	21A_ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?					
9 4 7 5 9	OF INJURY (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While					
	Work L At Work L					
	22. I certify that (1) (this haspital) attended the deceased from 12 14171 19 to 12 12 1971 that (1) (we) last saw the deceased alive on 12 1/3 / 1971 and that in (my) (our) opinion death occurred on the date					
	and hour and from the causes stated abave. (1) (We) (dld) (dld not) view the bady after death.					
	23A, SIONATURE					
	MOINA DOSHI 19.4.					
24	A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY) 24D. LOCATION (City, town, or county) (Stote)					
2	A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR ADDRESS					
	DEC 15 1971 Robert E. Jaben MD. Moston of Vett F. H. 1701-haurent					

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BALTIMORE	CITY	HEAT TH	DEPAR'	TMENT

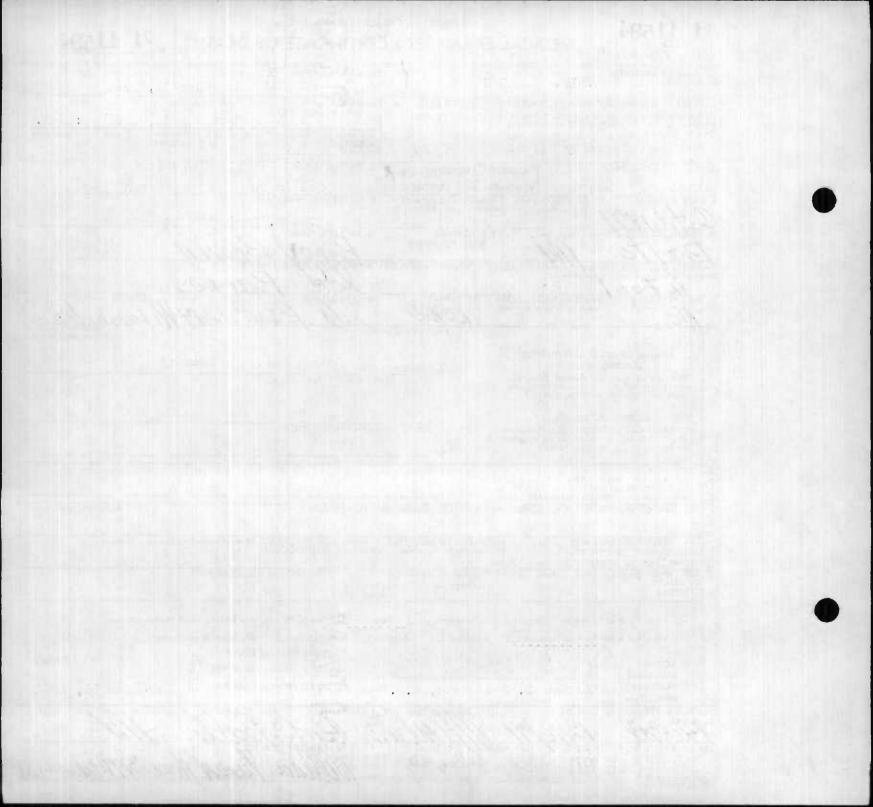
	BALTIMORE CITY HEALTH DEPARTMEN
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71 1159	2		BALTIMORE CIT	Y HEALT	H DEPA	RTMENT				
\ r \ r \ r \ r \ r \ r \ r \ r \ r \ r	MED	DICAL	EXAMINER'	'S CE	RTIFI	CATE OF	DEAT	H REG. NO	194 4	1-09
BIRTH NO.								KEG. NO	11.	- - 26(.1.
1. NAME OF DECEA	SED			2.	DATE	Known 🖸	Month	Doy	Year	Hour
		s J. N			DEATH	Estimated	12	13	71	6:30P. M
4. PLACE IN BALTIM				3.			Month	Doy	Yeor	Hour
FULL NAME OF	ADDRESS OR LOCA	AL OR INST	TUTION, GIVE STREET		PRONOL	INCED DEAD	12	13	71	6:30P
OR INSTITUTION				5.	USUAL RI	SIDENCE (Where	dece osed II		n: residence b	M
00	26 S. Exe	ter St	reet	A.	STATE			B. COUNTY		5,00
6. SEX 7.	RACE	18	en Daudaen accom	- 17	CITY OR	yland		D. INSIDE C	ITV HAAITCO	200
Male	Negro		ED W NEVER MARRIE		CITT OR	TOTAL		D. HASIDE C		_
	9	WIDOW				timore		1	ES X	NO L
9. DATE OF BIRTH June 20,	1942 lost birthdo		If Under 1 Yr. II Under 2. Months Days Hours	4 Hrs. E.	STREET A	ND NUMBER				
	29				26	S. Exeter	St	Apt. 6	- E	
11. BIRTHPLACE (State	or foreign country)	1	2. CITIZEN OF	13.	FATHER'	SNAME				
Sumpter.	South Caro	lina	WHAT COUNTRY?		Namo	n McGee				
14A.USUAL OCCUPAT	ION (Give kind of work	14B. KIND	OF BUSINESS OR IND	USTRY 15	. MOTHE	S MAIDEN NAM	AE			
done during most of work	ing life, even if refired)				C					
16. WAS DECEASED	EVER IN U.S. APME	FORCES	117. SOCIAL	18	INFORM	ine Linto	n		DDRESS	
(Yes, no er unknown) (Il	yes, give wor or doles	of service)	SECURITY NO). I	HAI OKN	DAM				
110					Namo	n McGee	3717	Edmonds	on Aver	nue
19. 57/. 8	1		CAUSE OF	DEATH						PROXIMATE INTERVAL
DISEASE O	R CONDITION DIRE	CTLY			Δ					
LEA	DING TO DEATH		(A)IMMED	IATE CALL	F T	ty liver				
(This does not n	neon the mode of dy henia, etc. It means the	Ing, e.g.,			7 80	UENCE OF:				
injury or complic	cation which coused de	oth.)								
	CEDENT CAUSES		(8)						1	
RISE TO THE A	CONDITIONS, IF AN' BOVE CAUSE (A) STA CONDITION LAST.	Y, GIVING	DUE 10	O, OR AS	CONSEC	UENCE OF:				
UNDERLYING	CONDITION LAST.		(c)							
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	11									
OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTI	NG							
DISEASE OR CO	BUT NOT RELATED TO NOMON GIVEN IN P	THE TERMII	YAL							
20A. DATE OF OF			OR WHICH OPERATIO	N WAS E	ERFORM	ED			21. AUTO	SY? (Yes or No)
5 7									1 1 1 1 1 1 1	les .
₹ 22A. EXTERNAL	CAUSE WAS	In	28 NACE OF INIVIDU		1 2 10					res
UNDERLYING CAUSE		ĥ	28. PLACE OF INJURY ome, form, factory, street	t, office blo	ig., etc.) IN	UURY OCCUR?	ii in Baltimo	e City, give ex	act location)	
	OF DEATH.									
OF INJURY	nth) (Doy) (Year	r) (Hour)	22E INJURY OCCUR			F. HOW DID INJ	URY OCC	JR?		
(APPROX.)			n. WHILE AT	NOT WHE	LE					
23.			IL, WORK	AI WORK						
1 certify	that I held on I	ngulry [Inspection	Auton	v 🗔	and that on th	is basis	death In my	oninion	
	from Natural cau		prove			-				
resolted	Train: Isarorat cas	ses Z	Aecident	ulcide L Dep				ed manner	_	
ACTUAL	/ V// 12	1/	//	рер		HIEF MEDICAL E		드	1	DATE SIGNED
SIGNATURE	VE JAN	1		_M.D.	ASSIS	TANT MEDICAL E	KAMINER			
EXAMINER		//			ASSO	CIATE MEDICAL E	KAMINER			12-14-71
NAME (Type		U. Spi	tz, M.D.							
24A. BURIAL CREMAT			24C. NAME of CEME	TERY or C	REMATO	RY 24D. L	OCATION	(City, tow	n, or county)	(Stote)
REMOVAL (Specify) Burial	12-17-7	71	Arbutus M	lemor	ial Pa	ark E	Baltime	ore, Md		
25A. DATE REC'D BY								•		
AND MIE REC D BY		2 258. NA	ME OF REGISTRAR		25C. F	UNERAL DIRECTO	R	A	DDRESS	
DEC 1	5 1971 066	العراق كر	Jaber, M.D.		Mo	rton & Dye	ett F	H. 170	1 Laure	ens St.
	~			75		77				



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74 11594 BALTIMORE CITY HE	
BIRTH NO. 71-17046 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 11594
1. NAME OF DECEASED (Type or Print) ANGEL BROWN	2. DATE Known M Month Doy Year Hour OF DEATH Estimated December 11, 1971
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy Yeor Hour December 11, 1971 6:15 A. M.
University Hospital (DOA)	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland A. STATE
6. SEX 7. RACE 8. MARRIED NEVER MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore D. INSIDE CITY LIMITS?
9. DATE OF/BIRTH 10. AGE (in years # Under 1 Yr. if Under 24 Hrs. Months; Doys Hours Min.	E. STREET AND NUMBER
11. BIRTHPLACE (Store of foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME PARA BROWN
FALUSUAL OCCUPATION (Give line of work) 4B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no exunknown) (If yes, give war or dotes of service)	18. INFORMANT BEOWN 12 14 W, Laxington St.
19. 795 X 1 CAUSE OF DEA	APPEXIMATE INTERVAL SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE	CAUSE Sudden death in infancy
	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION 1455	AS A CONSEQUENCE OF:
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
208. CONDITION FOR WHICH OPERATION W	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, farm, lactory, street, office	In or obout 22C. WHERE DID (ii in Boltimore City, give exact location) te bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT NOT WORK NOT AT WORK	22F. HOW DID INJURY OCCUR?
23. I certify that I held an Inquiry Inspection Au	
resulted from: Natural causes 🛛 Accident 🗌 Sulci	de Homicide Undetermined manner
ACTUAL SIGNATURE Charles J. Jamigatem	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER December 11, 1971
24A. BURIAL CREMATION, PARTIE 24C. NAME OF CEMETERY PROPERTY OF THE PROPERTY O	n Cem. Ballo. Ill
DEC 15 1971 Poles E. Jaben, N.D. 1	25C. FUNERAL DIRECTORY ADDRESS ADDRESS STANDARY STANDER S.
VS 151-REV. 1/1/68	



-			BALTIMORE CITY	HEALTH DEPARTMENT	GI	1 15 15	
	BIR	TH No. 71 11595	CERTIFICA	TE OF DEATH	REG. NO. 71	1116352	
2	3. FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	UTON 121	Baltimore	DE CITY LIMITS?		
		Provident Hospital,	INC.	E. STREET AND NUMBER	ette St	1123 [4]	
	5. S	emale Boy, WIDOV		8. DATE OF BIRTH 8-5-//	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	don	. USUAL OCCUPATION (Give kind of work 108, KINE e during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	Baltimore	Md	12. CITIZEN OF WHAT COUNTRY?	
	1	Moznin Mont	ton	Be A	POEN SON	n	
15. Wol Deceased Ever in U. S. 'Armed Forces?' (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 212-01-8988 Walter Tisher 1089 W. For							
		18. / 8 9 , 0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Curonary E	BETWEEN ONSET AND DEATH			
		(This does not meon the made of dying, of heart failure, asthenia, etc. It means the diseriniury or complication which caused death.)	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	J. Company		
		ANTECEDENT CAUSES	(B) Reval	Cercenon	2	 	
		DISEASES OR CONDITIONS, if ony, givense to the above cause (A) stoling UNDERLYING CONDITION last.	the (c) See (c)	a consequence of: religed Tar	tenduals	ives	
	⋖	OTHER SIGNIFICANT CONDITIONS CONTRIBUTINTO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL CLOCK	rolyte Am	Calence		
	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?	
	CAL C	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)	
	MEDI	21D.TIME (Monthi (Dayl (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work Not While At Work	21F. HOW DID INJ	URY OCCUR?		
		22. I certify that (1) (this hospital) attended			19ta	19	
		that (I) (we) last saw the deceased alive of and haur and from the causes stated above			at in (my) (aur) opin	ion death occurred on the date	
		23A. SIGNATURE pregera & Lea		nding [7] Med. [7]	Staff Phys.	23 B. DATE SIGNED	
		23C. PHYSICIANS NAME (Type) GREGORIO 3	2	Dioxiden Y	Hospital	, / / / /	
	24A	BEMOVAL (Specify)	NAME OF CEMETERY OF CRE	oscol Park H	CATION (City	town (Stotel	

Robert E. Failer

VS 150-REV. 17/68

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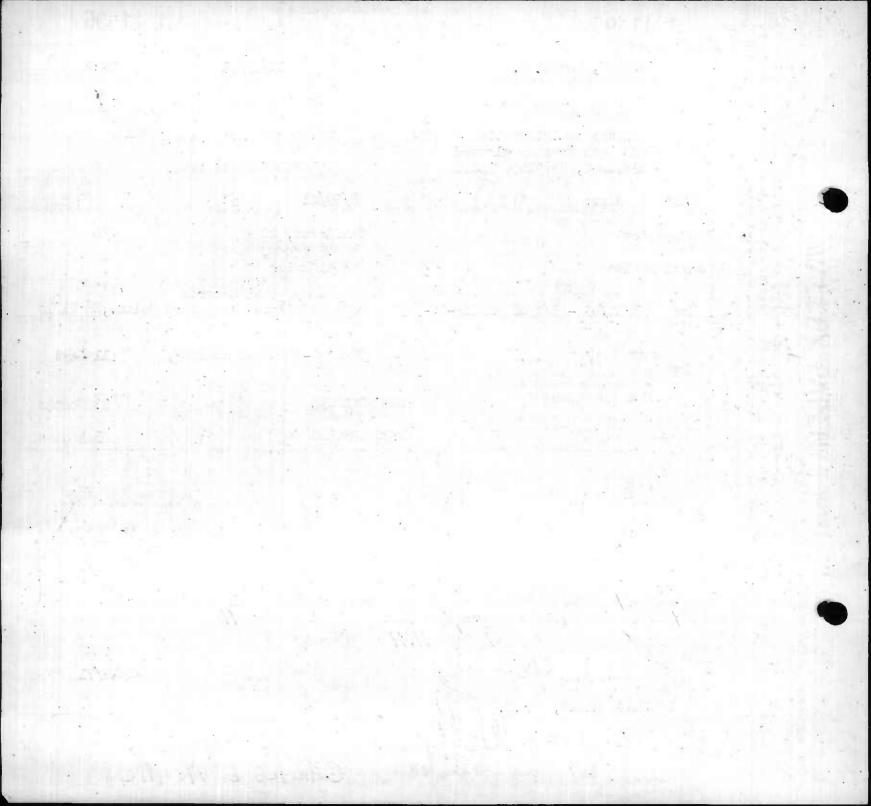
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FUNERAL DIRECTOR: IMPORTANT	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the jand (6) No physician was in regular attendance on the deceased prior to death. Such explained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO. 71 11596

71 11:	596			OF DEATH	REG.	NO. 71	11596
I. NAME OF DECEASE	Ď			2. DATE A	ND HOUR OF	DEATH	
(Type or Print) MCET	WEE, Samuel L.			12/	13/71		10:20 A M
	RE MARYLAND, WHERE P		4. USI A. STA	TE B. COU	ere deceosed li	ved. If instit	oution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CIT	Maryland		TD. INSIDE	CITY LIMITS?
	mane Administs	ration Hospital		Baltimore			ES X NO
1 3900	Loch Raven Bo	ylebard	E. STR	EET AND NUMBER			
S. SEX 6. RA	imore, Marylar	ld 21218	DAT	5/1 W Laf	19. AGE (In vi		If Under 1 Yr If Under 24 His.
	ma	RRIED NEVER MARRIED	-		lost birthday)		Aonths Doys Hours Min.
Male	Negro WID	OWED DIVORCED DIVORDIVORDE DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIV] 8	/20/21	50		
done during most of working		ND OF BOSINESS OF INDOSE	RY 11. BIR	THPLACE (State or for	eign country)		12. CITIZEN OF WHAT COUNTR
landscaping			Ch	arlotte, NC			USA
3. FATHER'S NAME			14. MC	THER'S MAIDEN NA	ME		
Samuel McEl				thel Brice			
(Yes, no or unknown) (If y	in U. S. Armed Forces? es, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INF	VA Hospit	al Recor	rds	ADDRESS
Yes 1/	11/43 - 3/1/46	215-18-5337	39	O Loch Ray	en Boule	evard I	Balto., Md 21218
18. 4 2/ 0	1 - 1 0 1 1 0	CAUSE OF DEA		30 =0011 =1011			APPROXIMATE INTERVAL
(This does not mean failure, asthe injury at complica	R CONDITION DIRECTLY DING TO DEATH seen lhe mode al dying, enio, elc. II means the di lian which caused death. ECEDENT CAUSES	e.g., (A) IMMEDIATE C DUE TO, OR A	S A CONS	REBRO-VASCU EQUENCE OF: LOSIS	LAR ACCI	DENT	11 Days 13 Months
	CONDITIONS, il ony, pave cause (A) stating ONDITION lost.	, the	NG AB				3 Months
TO THE DEATH BU	II IT CONDITIONS CONTRIBUTED TO THE TERMITION GIVEN IN PART 1 al. RATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A	- AUTOPSY? (Yes of N		, WERE FIN	IDINGS CONSIDERED
OP CONTRIBUTING	AS UNDERLYING	21B. PLACE OF INJURY (e.g. home, form, foctory, street,	, in or obo	ut 21 C. WHERE DID	(If is	Boltimore C	City, give exact location)
DEATH (notify medi		etc.)					
DEATH (notify medi	nth) (Doy) (Yeor) (Hou	While At Not Work		21F. HOW DID IN	JURY OCCUR	?	4
22 1	A) (abia ba = 14=1)			nhan 2lith	19 71 to	Decem	ber 13th 19 71
		nded the deceosed from			1.1		
that (/) (we) last	saw the deceased ollv	e on December 13 t	1	9ond t	hotiny(grty) (aur) opinic	on death accurred on the da
	n the causes stated ab	ove. (1) (We) (dld) (djd/n/by	view th	bady after death.			
23A. SIGNATURE		10	00 .			2:	3B. DATE SIGNED
Law	10,12 Itel	DEGREE P	hys.	Med. Director	Staff Phys.		12/14/71
23C. PHYSICIAN'S NAME (Type)			23D, AD	DRESS			/ date/ 1 de
LAWREN		D. DEGR	EE	W 10.5	thouse	A 1011	
24A. BURIAL CREMATI REMOVAL Specif	12-17-71	Detlyple	LL	E	ttix	elu.	town, or county) (State)
DEC -	15 1971 Jaber	E Jaben M.D.	250	CHANCE	S. E	Hus	hes.
VS 150-REV. 1/1/68			1	12 1 6		-	

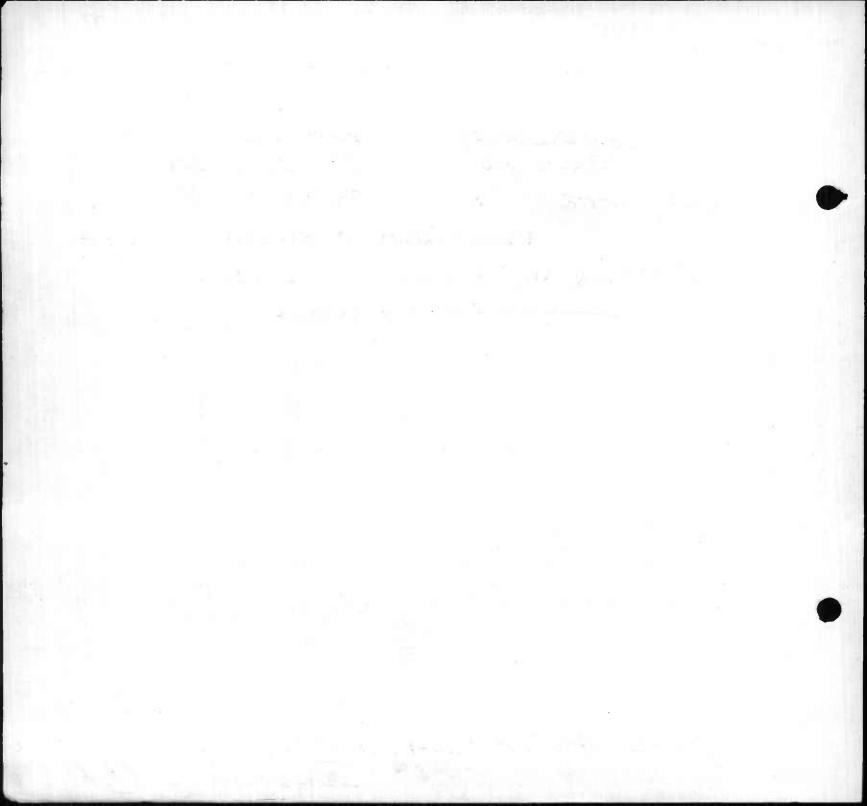


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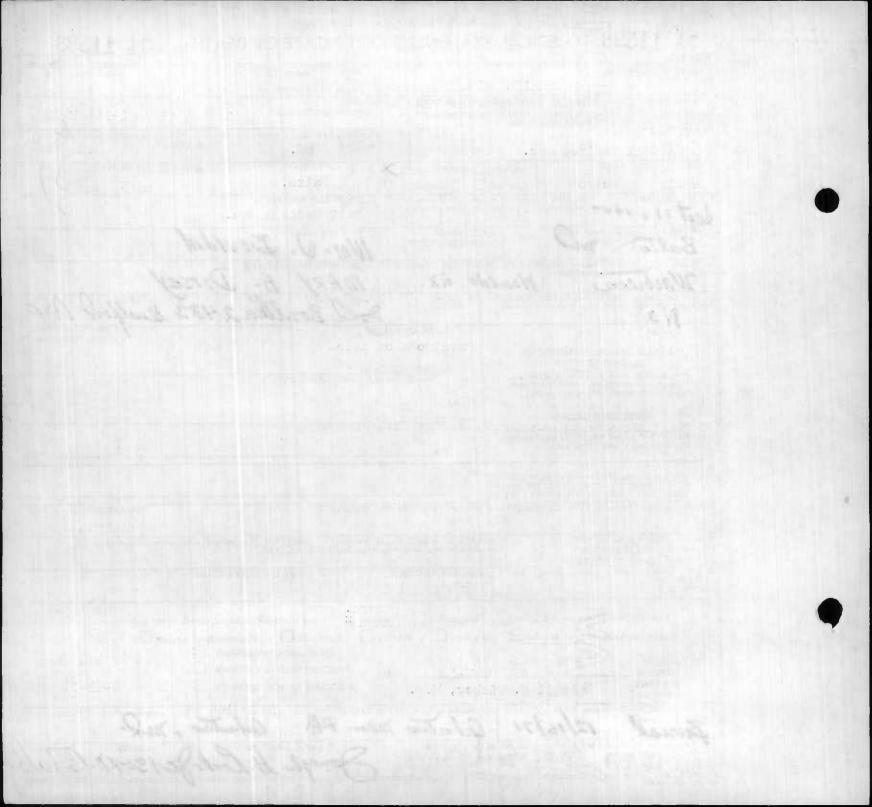
11597	CERTIFICA	ATE OF DEATH REG. N	10.41 117231
1. NAME OF DECEASED		2. DATE AND HOUR OF	DEATH
(Type or Print)	Y THOMAS SCH	1LLING 12/14/71	// H M.
3. PLACE IN BALTIMORE, MARYLAN	D, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased liver A. STATE B. COUNTY	ed. If institution: residence before admission)
FULL NAME OF (IF NOT IN HO HOSPITAL OR ADDRESS OR INSTITUTION	SPITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
	VERGREEN	BALTIMORE E. STREET AND NUMBER	YES NO NO
BAL	to, MD	3803 EVERGRE	EN
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year lost birthdoy)	
MAIE WHITE	WIDOWED X DIVORCED		6
OA. USUAL OCCUPATION (Give kind of	work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
tone during most or working me, even it ren	AMERICAN BREWE	MARYLAND	11 C A
3. FATHER'S NAME	THE MOING NEW WIL	14. MOTHER'S MAIDEN NAME	0 0 / 1
FREDERIN	VM Sciller 1816	DUIVER	
15. Was Deceased Ever in U. S. Arme		17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or	dotes of service) SECURITY NO.	d & Canada	
18, 1, 2 (9 I			APPROXIMATE INTERVAL
DISEASE OF CONDITION	DIRECTLY PULL	had accident (5	BETWEEN ONSET AND DEATH
LEADING TO DE			
(This does not mean the mode heart failure, asthenia, etc. It m	al dying, e.g., DUFTO OR A	S A CONSEQUENCE OF:	
injury or complication which co			
ANTECEDENT CAL	(n)		
DISEASES OR CONDITIONS,	, gg	S A CONSEQUENCE OF:	
rise to the obove couse UNDERLYING CONDITION loss			
II II			
Z	CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN	PART) (A).		
	CONDITION FOR WHICH OPERATION PERFORMED		WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
D 21A ACCIDENT WAS LINDERLYII	NG 218 PLACE OF INTERVAL	in or about 21 C. WHERE DID (If in	Delaimone City of the state of
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	Baltimare City, give exact lacation)
O	(eor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not Wh		
(APPROX)	Work L At Wor	k 🐸	
22. I certify that (I) (this has	pital) attended the deceased fram	July 1970 to	. /
	enced alive on 12/3	197/ and that in (my) (en	or) opinion death accurred on the date
that (I) (we) last saw the dec	edsed dilve dil	/	
that (1) (we) last saw the dec	stated above. (1) (We) (did) (did nat)	/	
	stated above. (I) (We) (did) (did nat)	view the bady after death.	238. DATE SIGNED
and haur ond fram the couses	stated above. (1) (We) (did nat)	view the bady after death.	238. DATE SIGNED
and haur ond from the couses 23A. SIGNATURE Security R.	stated above. (1) (We) (dird) (did nat)	view the bady after death.	23B. DATE SIGNED 12/1577/
and haur ond fram the couses	stated above. (1) (We) (did nat)	view the bady after death. tending Med. Staff Director Phys.	238. DATE SIGNED [1/57] - Buttonia mal
and haur ond from the couses 23A, SIGNATURE 23G, HYSICIAN'S NAME (Type) 24A, BURIAL CREMATION, 1248, DAT	stated above. (1) (We) (did nat)	tending Med. Staff Director Phys. 23D. ADDRESS BANK 57	141577/ - Bultowie mf.
and haur ond from the couses 23A. SIGNATURE 23Q. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)	To, M.D. DEGREE	tending Med. Staff Director Phys. 23D. ADDRESS BANK 57	141577/ - Bultonie mf.
and haur ond fram the couses 23A. SIGNATURE 23Q. HYSICIANS NAME (Type) 24A. BURIAL CREMATION, 248. DAT REMOVAL (Specify) BURIAL C. J.	Stated above. (1) (We) (died) (did nat) Links M. D. A. P. DEGREE 24C. NAME of CEMETERY OF C. 16-71 MOST HOLY	view the bady after death. tending Med. Staff lys. Director Phys. 23D. ADDRESS BAME ST REMATORY 24D. LOCATION EDEEMER BELAIR	141577/ - Bultowie mf.
and haur ond fram the couses 23A. SIGNATURE 23A. HYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)	To, M.D. DEGREE	tending Med. Staff Director Phys. 23D. ADDRESS BANK 57	141577/ - Bultowie mf.

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CIT		
MEDICAL EXAMINER!	S CERTIFICATE OF DEATH	h4 4450Q

1		ALTH DEPARTMENT	
B435	71 11598 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71. 11598	
	1. NAME OF DECEASED (Type or Print) KATHERINE BOULDIN	2. DATE Known Manth Day Year Hour OF DEATH Estimated	М.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Manth Day Year Haur	
	2412 Madison Ave.	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admits A. STATE Md. B. COUNTY	
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Balto. D. INSIDE CITY LIMITS? YES NO	
	9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER 2412 Madison Ave.	
	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME BOULDIN	
	14A.USUAL OCCUPATION (Give kind al work 14B. KIND OF BUSINESS OR INDUSTR' dane during mast of working life, even if retired) Wom ENS. EX.		
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or uning ann) (il yes, give war or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	10
	CAUSE OF DEA	APPROXIMATE IN	
	LEADING TO DEATH		
	(This does not mean the made of dying, e.g., heart lative, asthenia, etc. it means the disease, injury or camplication which caused death.)	a A COUNTEROLING OF	
	RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
	UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT PETATED TO THE TERMINAL		
	L DISEASE OF CONDITION COVEN IN PART & (A)		
	2	PARTIAL	r Ne)
	UNDERLYING OR CONTRIB-	In or about 22C, WHERE DID (If in Baltimore City, give exact location) blidg., etc.) INJURY OCCUR?	
	22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT NOT AT W	WHILE WHILE	
	certify that I held an Inquiry Inspection Au	Part. topsy Z and that on this basis, death in my opinion	
	ACTUAL Natural causes X Accident Suicid	CHIEF MEDICAL EXAMINER	NED
	EXAMINER'S Russell S. Fisher, M.D.	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 12-13-71	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	cor CREMATORY 24D. LOCATION (CHy, town, accounty) (State	•)
	DEC 15 1971 Cobert C. Tabley 188	2SC. FUNERAL DIRECTOR ADDRESS ADDRESS SOLA CONT.	Trafa
	VS 151-REV. 1/1/68	1 1 5 9 1	V



BALTIMORE CITT HEALTH DEPARTMENT					

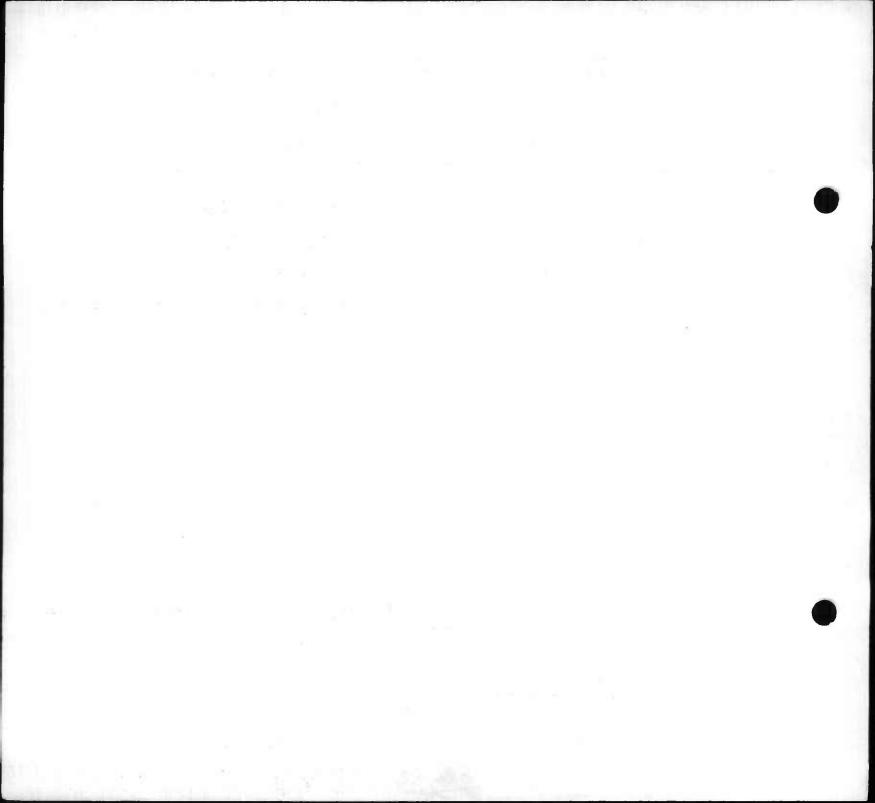
BALTIMORE CITY HE	ALTH DEPARTMENT
71. 11599 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 71. 11599
BIRTH NO.	REG. NO. 11.000
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hous
(Type or Print) LEROY JONES	DEATH Estimoted 12 13 71 9 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 13 1971 9 am
OR INSTITUTION	M. 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
Johns Hopkins Hospital	A. STATE Md. B. COUNTY
	C. CITY OR TOWN D. INSIDE CITY LIMITS?
WAKKIED [] NEVEK MAKKIED [
male negro widowed Divorced	YES LI NO LI
9. DATE OF BIRTH 10. AGE (In years Months, Days, Hours, Min.	E. STREET AND NUMBER
213/25 46	2615 E. Chase Rt.
11. BIRIHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Dala. Me	Trex Jones
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
Daleman Joan Office	Helan Cornish
14. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS
(Ves, no economy) (II yes, give wor or doles of service) SECURITY NO. 9/6-/6-7539	Helen Cornink 2615 & Chase of
19.) CAUSE OF DEAL	
- 0 0 0 N	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Subdural he	morrnage
(A)IMMEDIATE C	AUSE
heart foilure, osthenio, etc. it means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:
injury or complication which caused deam.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S DEDECORATED
O)	
	yes
22A. EXTERNAL CAUSE WAS UNDERLYINGS OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, form, fortigy, street, office	n or about 22C. WHERE DID (If in Baltimore City, give exact location)
	bldgetc.\!INJURY OCCUR?
UTING ☐ CAUSE OF DEATH.	n or about 22C. WHERE DID (If in Baltimore City, give exact location) bldg., etc.) INJURY OCCUR? 2615 E. Chase St.
UTING ☐ CAUSE OF DEATH. ≥ 220. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	2615 E. Chase St.
UTING CAUSE OF DEATH. 220. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY APPROX 1 22-12-71 ? WHILE AT NOT	22F. How DID INJURY OCCUR? Presumably fell down steps
UTING CAUSE OF DEATH. 220. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 12-12-71 ? MHILEAT NOT NOT WORK AT WORK	22F. How DID INJURY OCCUR? Presumably fell down steps
UTING CAUSE OF DEATH. 220. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 12-12-71 ? MHILEAT NOT NOT WORK AT WORK	22F. How DID INJURY OCCUR? Presumably fell down steps
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1/2-12-71 "MHILE AT WORK NOT AT WORK AT	22F. How DID INJURY OCCUR? Presumably fell down steps and that on this basis, death in my opinion
UTING CAUSE OF DEATH. 220. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 12-12-71 ? MHILEAT NOT NOT WORK AT WORK	22F. How DID INJURY OCCUR? 22
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 12-12-71 WORK NOT NOT WORK 23. 1 certify that I held an Inquiry Inspection Aut resulted fram: Natural causes Accident Suicide ACTUAL	22F. HOWDID INJURY OCCUR? 22F. HOWDID INJURY OCCUR? Presumably fell down steps opsy and that on this basis, death in my opinion Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 12-12-71 ? m. WORK NOT AT WORK AT WORK AT WORK Suited from: Natural causes Accident Suited ACTUAL SIGNATURE	22F. HOWDID INJURY OCCUR? 22F. HOWDID INJURY OC
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 12-12-71 ? m. WORK NOT AT WORK 1 certify that I held an Inquiry Inspection Aut resulted fram: Natural causes Accident Suicide ACTUAL SIGNATURE EXAMINER'S RUSSELL S. Fisher, M.D.	22F. How DID INJURY OCCUR? Presumably fell down steps opsy and that on this basis, death in my opinion Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 12-12-71 ?	22F. HOW DID INJURY OCCUR? Presumably fell down steps OPSY and that on this basis, death in my opinion Hamicide Undetermined manner C CHIEF MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER 12-13-71
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 12-12-71	22F. HOW DID INJURY OCCUR? 22
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 12-12-71 ?	22F. HOW DID INJURY OCCUR? 22
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 12-12-71	22F. HOW DID INJURY OCCUR? 22
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 12-12-71 "m. WORK NOT' AT WORK 1 certify that I held an Inquiry Inspection Autority of Inspection Autor	22F. HOW DID INJURY OCCUR? 22

-98-77 sj	BALTIMORE CITY	HEALTH DEPARTMENT
20020	BIRTH NO. 71. 11600 CERTIFICA	TE OF DEATH REG. NO. 71. 11600
oital and of death Deceased on the outh.	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
de de	Type or Print BELL GENEVA 7.	Dec 13 1971 112:10 AM
pit of of of th	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	Maryland C.CITY OR TOWN D. INSIDE CITY LIMITS?
in a ling course; attend	Baltimore City Hospitals	Baltimore YES NO
ting d cau r att prior	4940 Eastern Avenue	E. STREET AND NUMBER
9 - 7 - 6	Baltimore Maryland 21224	2308 W. Lanvale Street
tribut minec gular sed p	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yt., if Under 24 Hrs.
occurribu ontribu ermine regula based is mad	Temale Negro WIDOWED DIVORCED	10-20-04 lost blethdoy) Months Doys Hours Min.
上のギーの日	IOA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
de de	RETIRED WESTERNHOUSE	Maryland U.S.A
	13. FATHER'S NAME	Maryland U.S.A 14. MOTHER'S MAIDEN NAME
if d (4) U wa the spos	Lorman Unknaus	Florence Unfrauer
stant ind; eath e on al di		17 INCORALANIE
		BCH-Records 4940 Eastern Avenue
S 4 5 E 2	12_10~5174 CAUSE OF DEATH	Baltimore, Maryland 21224
- 000		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
lso, of o of o unc	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pour tomores agreement is aci
	(This does not meon the mode of dying, e.g., DUE IO. OR AS A	SET SEU DO MONOS ARUMANIS SOLI
ctu pro pro lar	injury or complication which coused death.)	
fra o De	ANTECEDENT CAUSES	nic Renal Failur
A wh	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
3 (3) A S	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	Hiple Myelm
ical is; cia as	CONDITION TOSE, (C)	
Diff r S > E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
phy dr	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	***************************************
9 4 0 E	194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY (Ves or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERPETING CAUSES OF DEATH?
		203
# = V = . %	On CONTRACTOR OF THE OWNER OWNER OF THE OWNER O	or obout 21 C. WHERE DID (I In Boltimore City, give exact location) ce bidg., INJURY OCCUR?
hospital nature;: opt whe d (6) No ained be	DEATH (notify medical examine)	
	21D.YIME (Month) (Doy) (Yeoil (Houd 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
	(APPROX) While At Not While At Work	
ny ny an	22. I certify that (1) (this hospital) attended the deceased from	10/21/71 19 to 12/15/11 19
de to the total for the total	that (I) (we) lost sow the deceased alive on 12/13/7	ond that in(my) (our) opinion deoth occurred on the date
0 9	and hour and from the causes stated above. (1) (We) (did) (did not) vis	
deat deat deat must	23AySTONATUSE	23R, DATE SIGNED
must eleas ccide a hos to do	Alten Hul MO Decree Phys.	ding Med. Staff Director Phys. 2
0 - 0 - >		BD. ADDRESS
was r An a L. at c prior	Robert N. Hill M.D.	Baltimore City Hospitals
# C 2 0 5	24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREAT	AATORY 24D. LOCATION (City, town, or county) (Stotel
pody D.O. Gasen	REMOVAL (Specify)	
This certification of the body shows: (1) was D.O. deceased written a	BURIAL 12-16-71 ARBUTUS MEMORIAL 25A- DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
This cert the body shows: (was D.O decease written	DEC 15 1971 Pale & Jaben M.D.	
	VS 150-REV. 1/1/68	Phillips Funeral Home-1727 N. Monroe St 2121

- - -

Commence of the second green or the first term of the first and the second second FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 71 11601 CERTIFICATE OF DEATH and Such death Deceased BIRTH NO. I.NAME OF DECEASED 2. DATE AND HOUR OF DEATH SADIE (Type or Print) 0 12/11/7/hospital 705am death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission)
A. STATE
B. COUNTY attendance (2) canse FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND C. CITY OR TOWN cause; 0 D. INSIDE CITY LIMITS YES Z No [prior contributing etermined 605 regular mad 5. SEX 6. RACE 9. AGE (In years MARRIED NEVER MARRIED eceased If Under 1 Yr. Manths: Doys li Under 24 Hrs. last birthday Hours WIDOWED (7 DIVORCED 2 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired! 2 Und OF Ö HOUSEWIFE ROCK HALL SD -MARYLAND the 3 WILLIAM TILGHMAN SARAH SAUNDERS assistant death 0 kind; O T 15. Was Deceased Ever in U. S. Armed Farces?
(Yes, no ar unknown) (If yes, give war or dates of service) 16. SOCIAL 7. INFORMANT final ADDRESS SECURITY NO. attendance 214-20-3517D JULIUS R. TILGHMAN- 3605 WINDSOR MILL ROAD any pronounced OL CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY EREBRO YASCULAR embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart lailure, asthenia, etc. It means the disease, the chief medical examiner xaminer. regular injury ar camplication which caused death. ANTECEDENT CAUSES ho are DISEASES OR CONDITIONS, il any, giving 3 DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the 9 UNDERLYING CONDITION fast. remains MOS medical physici 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). the Body 19A-DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION 0 0 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED efore by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 where 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (If In Baltimare City, give exact location) to the hospital °Z MEDICAL DEATH (notify medical examined) etc. any nature; ف obtained 21D. TIME (Day) (Year) (Hour) 9 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved (except Not While While At (APPROX.) pup Work 22. I certify that (i) (this hospital) attended the deceased fram 10/26/7 that (I) (we) last saw the deceased alive an and that In (my) (aur) apinion death accurred on the date o hospital death) and haur and from the causes stated above. (1) (We) (dld) (dld nat) view the body after death. the body was released must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending [Anyana. M -5 0 Med. Shaff 12/11/71 approval Phys. Director Ū 23C. PHYSICIAN'S NAME (Type) prior certificate DOSHI 23D. ADDRESS to An D.O.A. DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE bespesed 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) shows: BURIAL 12-18-71 OLIVE CEMETERY BUTLER SDM 25A. DATE REC'D BY HEALTH DEPL 25C. FUNERAL DIRECTOR ADDRESS N. Monroe St 21217 Arlington VS 150-REV. 1/1/68 MAMA

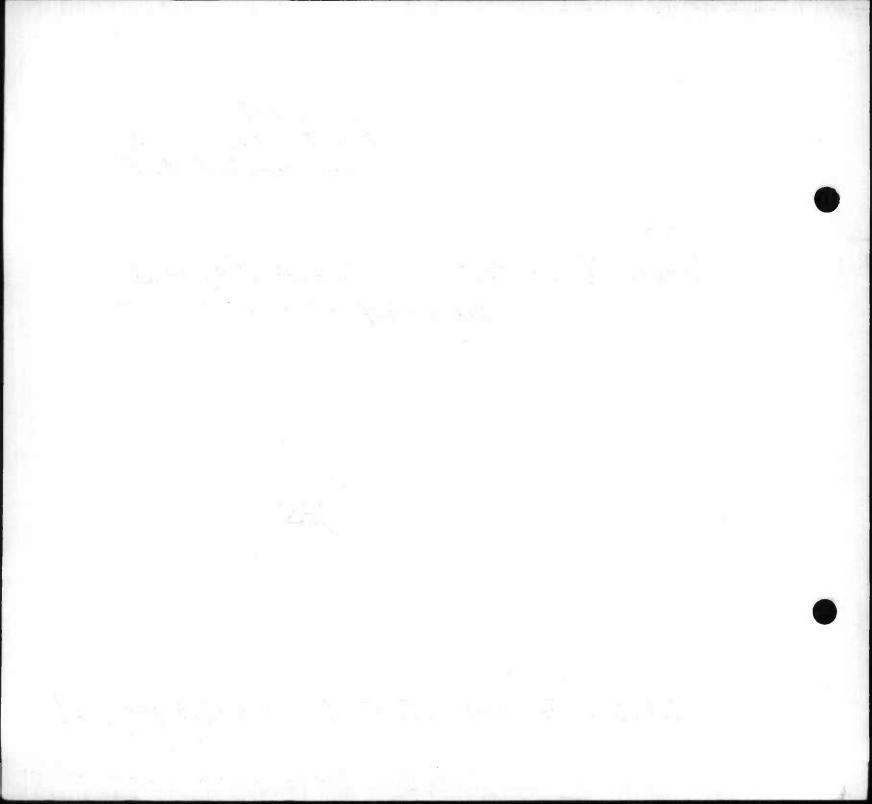


IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death. Such was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attend deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made.

8-62371 11602	BALTIMORE CITY HEALTH DEPARTMENT				
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 11602				
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
(Type or Print) Burkett, Charles	24. 12/12/21 1 colib m				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD 4. USUAL RESIDENCE Where deceased lived, Il institution residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	D. INSIDE CITY LIMITS?				
Good Sameritan Hospital	E. STREET AND NUMBER				
5. SEX 6. RACE 7. MARRIED W	4910 HAUDON AVE				
MARRIED WIDOWED	NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years of birthdoy) DIVORCED 1 (7 98 ost birthdoy) Never Married 1 7. If Under 24 Hrs. Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	JSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
RETIRED	PENNSYLVANIA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
CHARLES U. BURKET	T CLARA DAYNARD				
(Tes, no or unknown) Of yes, give wor or dotes of service)	SOCIAL SECURITY NO. ADDRESS ADDRESS				
NO 2	112-32-0684 BEATRICE BURKETT-4910 HADDEN AVENUE				
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
LEADING TO DEATH	CASHMEDIATE CAUSE Cardio pulmonary and to 30 min				
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease, injury or complication which caused death.)	DUE TO, OR AS A CONSEQUENCE OF:				
ANTECEDENT CAUSES	(a) Metabolic Acidosis and " Bd.				
DISEASES OR CONDITIONS, if ony, giving	(B) DUE TO, OR AS A CONSEQUENCE OF:				
UNDERLYING CONDITION Iosh	(c) Leute mys cardial infarction, 8 hrs.				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Exfaliative Janutitis				
19A DATE OF OPERATION 19B CONDITION FOR WHITE	CH OPERATION 20A. AUTORSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	ACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Baltimore City, give exocl location) orm, factory, street, office bidg., INJURY OCCUR?				
	JURY OCCURRED 21F. HOW DID INJURY OCCUR?				
(APPROX.) While A	At Work .				
22. I certify the (1) (this haspital) attended the d	leceased from 12/2 19 2/ to 12/12 19 3/				
that (1) (we) last saw the deceased alive on	and that In(my)) (aur) opinion death occurred on the date				
ond have and from the causes stated obave. (1) W					
Attending Med. Skoff Tow					
23C. PHYEICIAN'S NAME (Type)	DEGREE Phys. Director Phys. D. 1217/				
DAVID L. JACKSOL	OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, of County) (State)				
REMOVAL (Specify)	UBURN CEMETERY BALTIMORE, MARYLAND				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	EGISTRAR 25C, FUNERAL DIRECTOR ADDRESS				
DEC 15 19/1 Callet E.	Arlinton S. Phillips-1727 N. Monroe St 21217				

VS 150-REV. 1/1/68



IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death

and

a hospital

occurred in

(4) Undetermined cause; (5) Deceased on the deceased prior to death. Such death attendance cause contributing in regular MOS the if the direct was D.O.A. at a hospital (except where the physician who pronounced death deceased prior to death); and (6) No physician was in regular attendance on shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; Also, examiner. medical by a the body was released to the hospital written ap

- nx		BALTIMORE CITY	HEALTH DEPARTMENT		
1-520	71, 11	603 CEPTIFICA	TE OF DEATH	REG. NO71	. 11603
BIRTH NO.		CLKTITICA			
1. NAME OF DEC (Type or Print)	EASED		2. DATE A	ND HOUR OF DEATH	
	BERTHA REV			BER 12, 1971	
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	A. STATE B. COU	ere deceased lived, if in NTY	stitution: residence before admission
FULL NAME OF	HE NOT IN HOSPI	ITAL OR INSTITUTION, GIVE STREET	MARYLAND		1755
HOSPITAL OR	ADDRESS OR LOC	ATION)	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	RE NURSING H	OME	BALTIMORE		YES NO NO
DELVEDE	KE NUKSING II	Oric	E. STREET AND NUMBER	<u> </u>	₹,
00			OGO 4 ADDENI	DOAD	1 6
- SEX	6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hr
	0.17.01			tost birthdoy	Months Doys Hours Min.
FEMALE	WHITE	WIDOWED X DIVORCED		80	
	UPATION (Give kind of wo working life, even if retired	ork 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTR
HOUSEWI		AT HOME	RUSSIA		USA
3. FATHER'S NA	-	The storage	14. MOTHER'S MAIDEN NA	AME	5571
0	PDI TM		UNKNOWN		
?	EDLIN			 	
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed F	orces? tes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO			MDC ESTHED SAV	ADOW 2204 A	RDEN RD. #21209
18, 22	50 07	CAUSE OF DEATI	1		APPROXIMATE INTERVAL
7 -	217	()	RAL THROE	22051	BETWEEN ONSET AND DEAT
DISEA	SE OR CONDITION D LEADING TO DEATH	DIRECTLY	RAK TAROF	170314	2 days
(This does o	nat mean the made of	(A)IMMEDIATE CAU	SE		/
	osthenio, etc. It meon		A CONSEQUENCE OF:		
injury ar can	nplication which couse	d deoth.)			
	ANTECEDENT CAUSE	S (P)			
DISEASES C	OR CONDITIONS, if	any, giving DUE TO, OR AS	A CONSEQUENCE OF:		
	e abave cause (A				
UNDERLYING	G CONDITION last.	(c)			
_	11				
OTHER SIGNIE	ICANT CONDITIONS C				
▼ DISEASE OR C	TH BUT NOT RELATED TO CONDITION GIVEN IN PA				
	OPERATION 198. CO	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	O 20B. IF YES, WERE	FINDINGS CONSIDERED
T C	W AS FE	REFORMED		IN CERTIFIED CA	OSES OF DEATH:
U 21A. ACCIDE	NT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRIBL	medical examiner	home, form, foctory, street, of	tice bldg., INJURY OCCUR?		
U .					
OF INJURY	(Month) (Doy) (Yeo		21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While At Work Not While At Work			
22	that (1) (this bassit	al) attended the deceased fram.		1961 to De	C. 12 197/
			/		
that (1) (we)	last saw the decea	sed alive an PLC12	19_7_/ and 1	hat in (my) (o ur) api	nian death accurred an the da
and haur and	d fram the causes st	ated abave. (1) (W e) (d id) (did nat) v	iew the bady after death	•	
23A. SIGNATU	JRE	0.0			23 B. DATE SIGNED
(n 16	. 14 Auril	1/0 / The Physics Physic	nding Med.	Staff Phys	12/12/7/
23 C. PHYSICIA	IN'S	DEGREE	23D. ADDRESS	Phys.	1,-1,0/
NAME (T	voe)			Inmine Lene	·
	ALBERT	J. HIMELFARB	222 W. Cold S	opring Lane	

24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, REMOVAL (Specify) 248, DATE 24D. LOCATION (City, town, or county) (Stote) BALTIMORE, MARYLAND BURIAL 12-13-71 ETH TFILOH 25A. DATE REC'D BY HEALTH DEPT.
DEC 15 1971 Pobes 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS E. Jaber MD LEVINSON & BROS.,6010 REISTERSTOWN SOL ROAD VS 150-REV. 1/1/68

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10.21. In. 17-F-

	1 212	74	4400/	BALTIMORE CITY	HEALTH DEPARTMENT		71	11604
1	-262	1	11604	CERTIFICA	TE OF DEATH	REG. NO		
	TH NO.					Contract of the contract of th		
	AME OF DECEAS	LAZARUS	Ed	win Dot	12	AND HOUR OF DEATH	1	12.400 m.m.
3.	PLACE IN BALTIM	ORE MARTLAND,	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V		stitution; resid	dence before admission)
HC	LL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	MD §	SALTIMORE D. INS	IDE CITY LIMI	TS?
IN	NOTUTITE	,			BALTIMO	RE	YES V	NO 🗌
0	SINAI	11056	PITAL		6960 MI	ASUE Dr.	21213	Apt. 1-C
5, 5	Male 6.	White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Months D	Yt. If Under 24 Hrs. ays Hours Min.
10.4	USUAL OCCUPA	TION (Give kind of wo	H 10B KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	oreign country)	12. CITIZEN	OF WHAT COUNTRY?
don	Laulus or won	Salesman	_	surance	New York		US	SA
13.	FATHER'S NAME	+ Jaiesman		<u> </u>	14. MOTHER'S MAIDEN	AME		
		Emanual I	7.03010		Paggia	2		
15.	Was Deceased Ev	Emanuel La or in U. S. Armod Fo yes, give war or do		16. SOCIAL	Bessie 17. INFORMANT			DDRESS
(Ye		yes, give war or do	les of service?	SECURITY NO.	Mare Marrian I	- (0(0)		21215
-	No			213-03-8423 CAUSE OF DEAT	Mrs. Marion L	azarus 6960 M		Drive Apt. 1-
	7 / 0	OR CONDITION D	INCOTE W	CAUSE OF DEAT				TWEEN ONSET AND DEATH
		ADING TO DEATH		4.4944FD147F.C41	C. A.D	- Cardioga	m	
L	(This does not	mean the mode o	f dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	1 0		
	Injury or complic	thenia, etc. It mean cation which cause	s the disease, d death.)	shock	- pump	partane.		
1	AN	TECEDENT CAUSE	S	V	Acrito N	T		
	DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	rise to the	above cause (A)						
	UNDERLYING C	CONDITION last		(c)				
NO	OTHER SIGNIFICA	II INT CONDITIONS CO	ONTRIBUTING					
ATI	TO THE DEATH E	BUT NOT RELATED TO	THE TERMINAL RT 1 (A).					
CERTIFICATION	19A-DATE OF O	PERATION 19% CO	NDITION FOR RFORMED	WHICH OPERATION	20A. AUTOPST? (Yes o	No. 208, IP YES, WERE IN CERTIFYING CA	FINDINGS C	ONSIDERED ATH?
CAL CE	21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING	211 hor etc	ne, form, factory, street, c	n or about 21 C. WHERE DIS flice bldg., INJURY OCCUR	(If In Boltimo	re City, give o	exect fecotion)
EDIC	21D. TIME IN	Aonthi (Doy) (Year	Houd 218	INJURY OCCURRED		INJURY OCCUR?		
×	OF INJURY (APPROX.)		W	nile At Work	· [
		(1) (-1 - 1	We we	INC CONTROL	50 xm 12/11	10 H to 0.41	opw.	12/11/1971
		at (I) (this hospite st saw the deceas		The deceased from		I that in (my) (our) op		
				1	view the bady after dea	•		
	23A. SIGNATURE			1 0			238, DATE	SIGNED
	Mux	004	_	DEGREE Phy	ending Med. Director	Stoff Phys.	12/	11/7/-
	23C.PHYSICIANT	IA KOS M	ichaeli	dos MD	23D. ADDRESS SINAI	HOSPITI	7	
24	A. BURIAL CREMA	TION, 248 DATE	24C. N	AME OF CEMETERY OF CR	EMATORY 241	LOCATION IC	ity, town, or	county) (State)
	Burial	Dec. 12	/71. Li	ubawitz		Baltimore, Ma	rvl and	
25	A. DATE REC'D ST		258, NAME	OF REGISTRAR	25C. FUNERAL DIREC	TOR		ADDRESS
	DEC IS R	M Robert	E Jaibe	7 M. A. ()	Sol Levins	on & Bros. 60	10 Reis	terstown Road
VS	150-REV. 1/1/68					*/		

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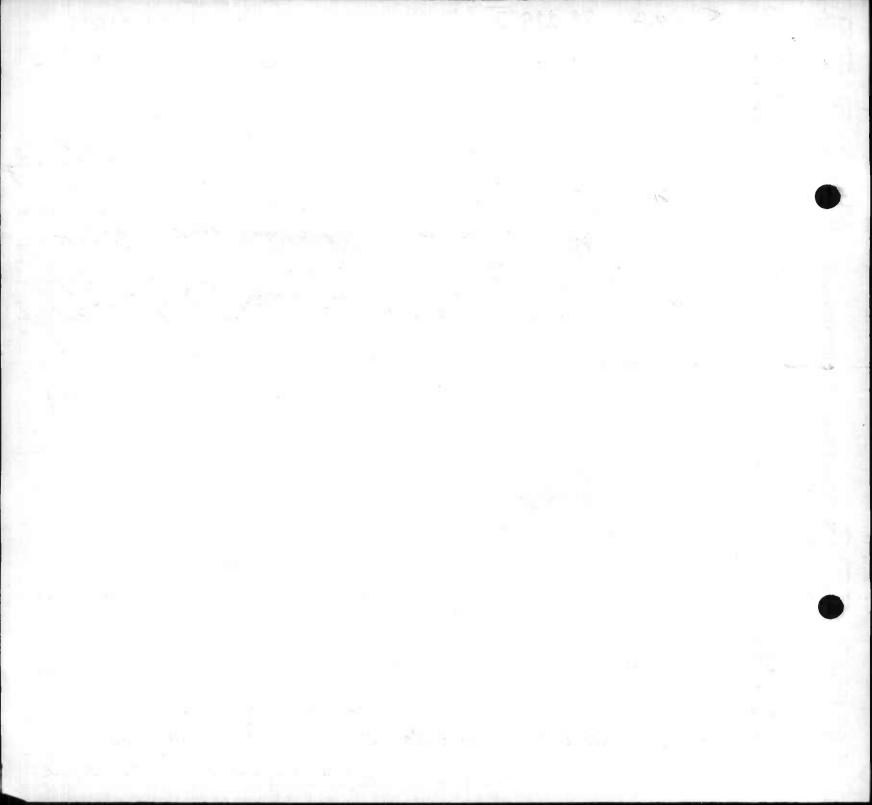
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must be approved by the chief medical examiner or his assistant if death occurred in a hospital and eleased to the hospital by a medical examiner. Also, if the direct or contributing cause of death ccident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased the spital (except where the physician who pronounced death was in regular attendance on the product of death, such an equipment of death, such an electrical prior to death. Such an electrical before the seminar are expected to the deceased prior to death.	
was re Was re An acc A. at a	
the body was released the body was released the shows: (1) An accident of was D.O.A. at a hospital deceased prior to death)	
y O.S.	1
This certify the body shows: (1) was D.O./	2
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S-542 71 11605 BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 71, 11605
1. NAME OF DECEASED STUDYE SMALKIN, SADYE	DEC 10 197/ 1032 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	BALTIMORE WALYLAND 27/3 C. CITY OR TOWN D. INSIDE CITY LIMITS?
42 SINAI HOSPITAL	E. STREET AND NUMBER E. STREET AND NUMBER SCLUENCE TOWERS APT 911- W. Northwas Physics Out of the control of
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years- If Under 1 Yr., If Under 24 Hrs.
Tomak White WIDOWED DIVORCED	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10A. USUAL OCCUPATION (Give kind of work 10B. KINO OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (Stola at foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife At Home	Baltimole, md. 915, A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Kellert	Hora :
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 2/17-38-7364	17. INFORMANT Mederick Smoother Collect Road
18.4 / CAUSE OF DEAT	The state of the s
DISEASE OR CONDITION DIRECTLY CARDIO	GENIC SHOCK 3 HOS.
/ANIMMEDIATE CAU	ISE A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (6)	MYOCARDIAL INFARCTION IDAY
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) staling the UNDERLYING CONDITION lost. (C).	A CONSEQUENCE OF:
[[
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	
198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes at No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The state of the s	n ar about 21 C. WHERE DID (If In Boltimare City, give exact location)
DEATH (notify medical examiner)	Fiee bldg. INJURY OCCUR?
OF INJURY (Manth) (Day) (Year) (Hauth 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work	
22. I certify that (i) (this hospital) attended the deceased from	= c 10 19 // 10 Dec 10 197/
that (I) (we) last saw the deceased alive an DC 10	ond that In(my) (our) opinion death occurred on the date
and hour and from the cayoes stated above. (1) (We) (did) (did not) v	lew the bady after deoth.
23A. SIGNATURE P. PULTO DEGREE Phys	nding Med. Stoff Dec. 10 21 Dec. 10 21
23C. PHYSICIAN'S R. PINTO	Sinai Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOGATION (City, town, ar county) IState)
Burial Dec 12/11 Brai Veras	Battemal, mol.
DFC 15 1971 P. S. S. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Solders 6010 Resit Kd.



36-58-79

	CHEE	BALTIMORE CITY	HEALTH DEPARTMENT 71 11608			
	PRTH NO. 71, 1161	G CERTIFICA	TE OF DEATH REG. NO.			
	NAME OF DECEASED PORT		2. DATE AND HOUR OF DEATH			
	PLACE IN BALTIMORE, MARTEAND, WHERE PRO	ONOLINCED DEAD	14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)			
		ond on the bead	A. STATE & COUNTY			
	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Illd. BALTIMORE			
'	Baltimore City Hos	pitals	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
	2/ 4940 Eastern Ave.		E. STREET AND NUMBER			
	Baltimore, Md. 212	24	3931 Ryyather R. D. 21133 005			
5	SEX 6. RACE / 1/2 7. MARI	NEVER MARRIED	8. DATE OF BIRTH 9. ASE (In year) If Under 1 Yr., II Under 24 Hi			
	Male Caucasian WIDON	VED DIVORCED	9-2-94 27			
1	A, USUAL OCCUPATION (Give kind of work 10B, KIN) one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY				
	Phiarmacist ->	Diant Druge	Balting And SA.			
1	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
I	Harry Solow	A	Esther Brenner			
120	Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war or dotes af servi	i 6. SOCIAL	17. INFORMANT 4940 Eastern Ave. ADDRESS			
	no.		BCH Records: Baltimore, Md. 21224			
	18. 0 0 5 4 1	CAUSE OF DEATH				
	DISEASE OR CONDITION DIRECTLY		D C (
	LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU				
	heart failure, asthenia, etc. It means the dise	ase,	A CONSEQUENCE OF:			
	ANTECEDENT CAUSES	D	000 10 10 10 10 10 10 10 10 10 10 10 10			
	DISEASES OR CONDITIONS, if any, gir	ring (B) V OG V	A CONSEQUENCE OF:			
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the				
	II.	(C)				
3	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION					
	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	100000000000000000000000000000000000000				
Cestion Amon	19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A AUJOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF	218 PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID (II In Baltimore City, give exact location)			
1	DEATH Inotify medical examined	home, farm, factory, street, of	fice bldg. INJURY OCCUR?			
Alcant	21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
	OF INJURY (APPROX)	While At Work Not While				
Ш	22. I certify that (1) (this hospital) attended		Dec 8 19 71 to Dec 1 19 11			
	that (1) (we) last sow the deceased alive	1 200 1	19 ond that in (my) (aur) opinion death occurred on the do			
	1					
ond hour and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED						
	Dang & Sox It	W DEGREE Phys	nding Med. Staff Phys. 4 12/ (1/)			
	23 C. PHTSICIAN'S NAME (Type)		3D. ADDRESS Baltimore City Hospitals			
		RUM DU DEGREE	4940 BASTERN Are- GALTIME Md.			
2	A. BURIAL CREMATION, 24B, DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE				
1	Burial Dec 12/71	Chizak le	muno Battemõre, ma.			
2	4 - 40H4 (1/2 4 4 7 7	OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS			
	nec15 ish	SEL ME	Del Leurison de Braz. 6010 Teatoutour Ko			
V	150-REV. 1/1/68	1 1/2				

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disnoction is made.

	<	8 111		BALTIMORE CITY	HEALTH DEPAR	TMENT	74 44007			
	BIR	0 - 160 71 11	L607	CERTIFICA	TE OF DE	ATH REG. NO	71 11607			
		PE OF DECEASED				2. DATE AND HOUR OF DE	ATH			
		ON SPIRO XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			12-10-71 10.45A M					
	3,	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				& COUNTY	If institution: residence before admission)			
	HC	LL NAME OF (IF NOT IN HOSP	TAL OR INST	TOTON, GIVE STREET	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
5	IN:	STITUTION Edgewood	NUr5	ng Home	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO NO					
Ŀ	1	0000 Bellona	HOR	1	E. STREET AND		YES NO NO			
5		Ba	nd	100 W. COLD SPRING LANE						
	5, 5	I MANUEL I INCHES MANUEL I			8. DATE OF BIRTH 9. AGE (In years If Under 1 1/1. If Under 24 Hrs. Months; Days Hours; Min.					
	101	TEMALE WHITE	WIDOWE		3/x7/8	86				
		. USUAL OCCUPATION (Give kind of wo e during most of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or (oreign country)	12. CITIZEN OF WHAT COUNTRY?			
	10	HOUSEWIFE AT HOME			NEW YORK USA					
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
	16.0	DAVID BERNSTEIN			RACHEL KOLMAN					
	(Yes	Was Deceased Ever in U. S. Armed Fo s, no ar unknown) (It yes, give war ar da	es of service	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS APT			
		NO				ICE HAMBURGER,	3501 ST. PAUL ST.,112			
		18.4/2.21		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		DISEASE OR CONDITION D		4.444504477 644	acute (Eschal Verendan	acade 12-9-71			
		(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,								
		injury or complication which cause	d death.)			1 Pre	innes			
		ANTECEDENT CAUSES (B) 2 Coulise Vascular Insuf = (CWA-1965)								
		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) Appendence of: (C) Appendence of: (C) Appendence of:								
		UNDERLYING CONDITION last.		(c) A spect on	rdera C U D). Z' Cardine la	saff.			
	z	11		010						
	CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO	HE TERMINA	UN Solen	isless C. U.D.					
	FICA	DISEASE OR CONDITION GIVEN IN PA	198 CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED							
	ERTI				IN CERTIFYING CAUSES OF DEATH?					
It ill bounded city, give exci							timara City, give exoct location)			
	5	DEATH (natify medical exominent	e	c.)						
	3	OF INJURY (Month) (Doy) (Year		L INJURY OCCURRED /hile At Not While		W DID INJURY OCCUR?				
		(APPROX.)	٧	/ark L At Work						
		22. I certify that (I) (this hospital) attended the deceased from 10-21- 19 7/ to 1000/10 19 7/								
		that (1) (we) last saw the deceased alive on Dec 10 1971 and that in (my) (aur) apinian death accurred an the date								
		and haur and fram the causes sta 23A. SIGNATURE	ted abave.	(I) (We) (did) (did not) vi	lew the bady aft	er death.				
		B. and O) [Atter	nding 77 Med	d. m Swiftm	238, DATE SIGNED			
		23C. PHYSICIAN'S	er	DEGREE Phys.	Direction Direction	d. Staff Phys.	12-10-11			
		PARICIANS NAME (Typel BERNARD, J. COH.	G N	70 0		4 4 4 5 5 5	Back 21218 mx			
	24A	BURIAL CREMATION, 1248, DATE		NAME of CEMETERY OF CRE	The mary	La-de UN 35	(City, town, or county) (State)			
		REMOVAL (Specify)								
	25A	BURIAL 12-12. DAYE RECO BY HEALTH DEPT.		ETH TFILOH OF REGISTRAR	25C. FUNERAL	BALTIMORE, MA	ADDRESS			
11			4 60							

E. Jaben SOL LEVINSON & BROS.,6010 DEC 19 - worls REISTERSTOWN ROAD VS 150-REV. 1/1/68

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Dal	dic	ourn	ysi	W	eme	
ern	Ĕ	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	d é	ciar	he r	
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inis certificate must be approved by the chief medical examiner of his assistant in death occasion a nospiral chief	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	1
100	фи	W	- 5	0	>	111

	A AAAAA BALTIMORE CITY	HEALTH DEPARTMENT 71 11608						
1	7-652 71 11608 CERTIFICA	TE OF DEATH REG. NO.						
11	INTH NO.							
	Type or Print) HARRY FRANK	2. DATE AND HOUR OF DEATH						
1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DECEMBER 9, 1971 // // // // // // // // // // // // //						
11.	EAGE IN SALIMONG MANISANS, WILLIAM CONTROL SEASON	A. STATE B. COUNTY						
	TULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARY LAND						
	NSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? PAI_TIMODE YES NO						
	SINAI HOSPITAL	BALTIMORE YES NO L						
		3805 CHATHAM ROAD #21215						
5	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.						
4	MALE WHITE WIDOWED DIVORCED	lost birthdoy Months Doys Hours Min.						
1	DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	4-12-1882 89 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
d	one during most of working life, even il retired)							
	SELF EMPLOYED CLOTHING	POLAND 14. MOTHER'S MAIDEN NAME						
		Old Market Barrie						
1	Typenown	unerown						
0	S. Wos Deceosed Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service)	17. INFORMANT ADDRESS						
		MR. NATHAN J. FRANK, 3805 CHATHAM RD. #21215						
	1B. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY	CIA. 12 Am -						
	LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE CAU							
	heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:						
	ANTECEDENT CAUSES (8) Art Sel CV + CNS driven 12 yrr							
	ANTECEDENT CAUSES (B)	A CONSEQUENCE OF:						
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the above cause (A) stoting the	A CONSEQUENCE OF:						
	UNDERLYING CONDITION last. (C)							
	7	11 1 2						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	umotrous - 4 agys						
		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED						
	19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?						
	U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID (If In Boltimore City, give exoct location)						
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	uce glage linjukt accors.						
	21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
- 11	OF INJURY While At Not Whil	• 🗖						
	/ Work At Work	00/10						
	22. I certify that (I) (this hospital) attended the deceased fram 7/12 19 70 to 12/9 19/1.							
	that (1) (we) last sow the deceased alive on 12/9 19) and that in (my) (our) opinion death occurred on the date							
	ond hour ond from the couses stated obove. (1) (We) (did) (did not) view the body ofter death.							
	23A. SIGNATURE 23B. DATE SIGNED							
	Med. Staff Director D							
	23C. PHYSICIAM'S	3D. ADDRESS						
	MAURI CE FELDMAN	6610 CROSS COUNTRY BLVD.						
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	MATORY 24D. LOCATION (City, town, or county) (Stote)						
	BURIAL (Specify) 12-12-71 FORBAND	ROSEDALE, MARYLAND						
2	SA, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR							
	DEC 15 1971 Rose & Jankon M.D.	SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD						
IF	\$ 150-REV. 1/1/68							

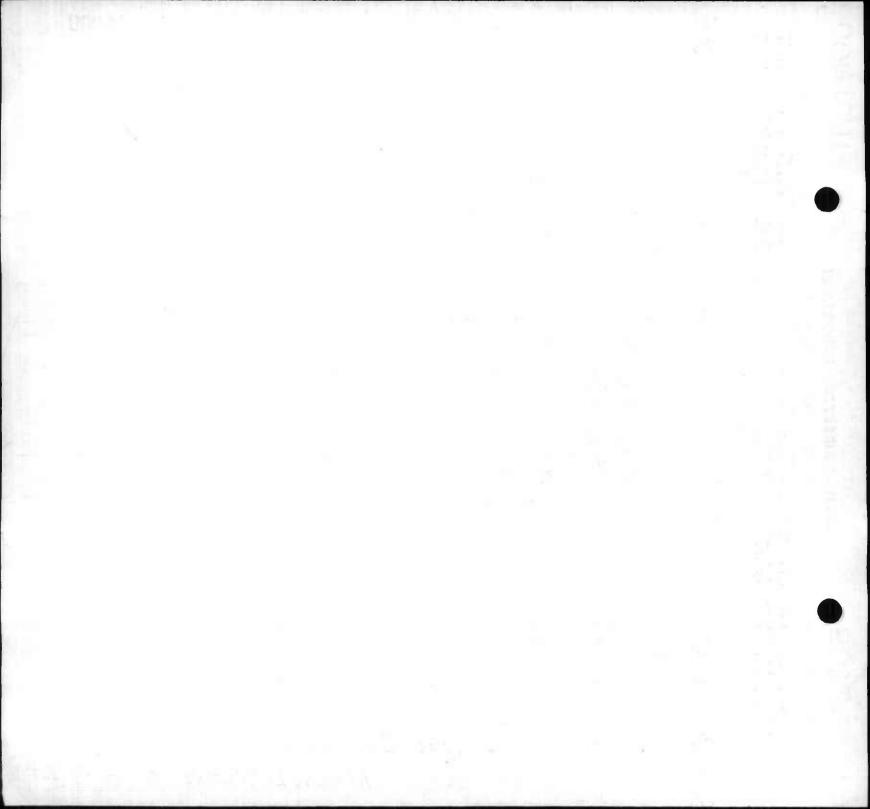
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FUNERAL DIRECTOR: IMPORTANT

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	7-26	2	m4 44 a				DEPARTMENT	REG. NO.	71. 1	1609
BIR	TH NO.		71 116	19 CER	RIFICA	IE OF	DEATH	REO. NO		LUON
	IAME OF DECE.	ASED W	ADDEU.	SJ. 2AC	HARS	RI		ND HOUR OF DEAT	н 1	7 p. M.
3.	PLACE IN BALTI	MORE MAI	MLAND, WHERE	RONOUNCED DEA	D	A. STATE	RESIDENCE (Wh	ere deceased lived, If	institution: les	sidence before admission)
fu HC	LL NAME OF	(IF NOT ADDRES	IN HOSPITAL OR S OR LOCATION!	INSTITUTION, GIVE	STREET		RY LANJ		ISIDE CITY LIA	102 AITS?
	110/10	1158	1- DUDI	110001	TAI	BF	PLTIHOR	た	YES 🗸	NO 🗌
L	UNION	MEM	OKIAL	HOSPI	7 1 7 0	E. STREET	AND NUMBER POTO	HAC ST	REED	T
5. 5	EX 4	6. RACE	7- MA	RRIED NEVER M	AARRIED	8. DATE O	BIRTH	9. AGE (in years lost birthdoy)	If Under	1 Yr. If Under 24 Hrs. Doys Hours Min.
L	/4				ORCED	1-	20-06	65	77.0011113	Poys (1001s; 14tin,
10A	USUAL OCCUP during most of w	PATION (Give	kind of work 10B, KI	ND OF BUSINESS C	R INDUSTRY	11. BIRTHPI	LACE (State or lot	eign country!	12. CITIZI	EN OF WHAT COUNTRY?
	-	ESMI				1	YARYL	AND	A	HERICAN
13.	FATHER'S NAM	E				14. MOTH	ER'S MAIDEN NA	ME		
			ZACHA					HOPPE		
15. (Yes	Was Deceased E ,no of unknown!	iver in U. S. If yes, give	Armed Farces? war or dates of se	vice) 1 6. SOCIAL	Y NO.	17. INFORM		2		ADDRESS
	1/0			212 09	0609	HKS	. HARY	2ACHRAR	KI	SAME
	18. 430	5191		CAUS	E OF DEATI					APPROXIMATE INTERVAL
	DISEASE	OR COND	ITION DIRECTLY			0.10	0.0		1	THEEN ONSET AND DEATH
	_	EADING TO	DEATH mode of dying.		MEDIATE CAU			ARREST		
	heart failure, a	sihenia, etc.	It means the di	ease.	UE TO, OR AS	CONSEQU	ENCE OF:			
			ch caused death.		3 0	2 3		22		
		NTECEDENT		(B)	CEREI	BRO	VASCUL	AR ACC	(DENT	******
	rise to the	above co	ONS, if any,	giving DC	JE TO, OR AS	A CONSEQU	JENCE OF:			
	UNDERLYING			(c)		************		***************************************		400004444444
CERTIFICATION	TO THE DEATH	BUT NOT RE	TIONS CONTRIBU	ING INAL						
CA			EN IN PART 1 (A).	FOR WHICH OPER	ATION	120A. A.I	TOPSY? (Yes or N	o) 20B. IF YES, WERI	FINDINGS	CONSIDERED
RTIF	0		WAS PERFORMED					IN CERTIFYING C	AUSES OF D	EATH?
	21A. A CCIDENT OR CONTRIBUTE DEATH (notily n	WAS UND ING CAU: nedicol exem	ERLYING SE OF	218 PLACE OF I home, form, focto etc.)	NJURY (e.g., in dry, street, of	or about 21 ice bldg., IN	C. WHERE DID	(If in Boltim	ore City, give	exoct locotion)
ED	21D. TIME (Monthl (De	y) (Yeor) (Hous	21E INJURY OC	CURRED	21	F. HOW DID IN.	JURY OCCUR?		
8	(APPROX.)			While At	Not While					
	22. I certify ti	hat (I) (this	hospital) atten	ded the deceased		10-	72	10 7/ 40	17-1	/ 10.7/
			deceased alive		- 11	197	/ and si	to () ()	Jalan danth	accurred on the dote
	•			ve. (1) (We) (did)	(did mak)			in (my) (out) of	mon acom	accurred on the dote
	23A. SIGNATURI	E //	a sidled dbd	ve. (1) (ne) (did)	(did not) V	ew the bo	ay after deoffi.		23B, DATE	SIGNED
		KIIAU	M. Kno	produce		nding [Med.	Shaff Phys.		11-71
	23C. PHYSICIAN	s	The Case		DEGREE Phys.	3D. ADDRES	Director L	Phys.	12-	11 / 1
	23C. PHYSICIAN NAME (Typ	9 -10	IAN H	PAIDE	RON N	D	()	MH		
	-	7 4		+11200	DEGREE			h () -1		
124A	BURIAL CREAT	ATION 1248	DATE 16	AC MANAGE S COM	ETERY CO.	MATOR	Take :	0.04.515.44	N7.	
24A	REMOVAL (Sp.	ATION, 248.	DATE	4C. NAME OF CEM	ETERY or CRE	MATORY	24D. L	OCATION (City, town, or	county) (State)
6	CLRIA	L lo	4/5/71	HOLY Ras,	/	MATORY METE	RY BA	LTIMOSE	City, town, or	>
6	CLRIA	ATION, 24B. ecily) / / / / / / / / / / / / / / / / / / /	4/5/71	HOLY ROS,	/	METE 250, FU	RY BA	LTIMOSE	M	ADDRESS (STOTE)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certifice the body wo shows: (1) Ai was D.O.A. deceased pr written appi	

BRITCH NO INAME OF DECESSID (Type or Pand) R. R. N. K. J. SEAM A. N. 3. P. RACE IN BALTIMORE MARILAND, WHERE FRONDUNCED DADO A. STATE R. COUNTY ADDRESS OR LOCATION) S. SEX S. SEX S. RACE AARRED MEVER MARRED NO S. SEX S. SEX S. RACE AARRED MOVE THAT WIDOWED DIVORCED OT - 18-03 S. SEX S. PACE AARRED MOVE THAT WIDOWED DIVORCED OT - 18-03 S. SEX S. PACE AARRED MOVER MARRED NO S. DATE OF BIRTH R. AGE (In years Mounting 10/2 Hours Mounting		0	BALTIMORE CITY	HEALTH DEPARTMENT	71	11610
I. NAME OF DECESSO CONTINUOR MARKEAND, WHEE PRONOUNCED DEAD CONTROL		J-550 71 1161	O CERTIFICA	TE OF DEATH	REG. NO.	11070
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD FULL NAME OF FU	-	NAME OF DECEASED			ID HOUR OF DEATH	. 7.0
FULL NAME OF INSTITUTION ADDRESS OR LOCATION) ADDRESS OR LOCATION OF THE THE THE THE THE THE THE LOCATION AND ADDRESS OR INDUSTRY 11. BIRTHPLACE Issue or foreign country) ADDRESS OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart fallend) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving first in the mode of dying, e.g., heart fallend, e.g., heart fallend, e.g., heart fallend, e.g., heart fallend, and the mode of dying, e.g., heart fallend, and the mode of dying, e.g., heart fallend, e.g., heart fallend, and the mode of dying, e.g., heart fallend, e.g., heart fallend, e.g., heart fallend, e.g., heart fallend, and the cause death, and the mode of dying, e.g., heart fallend, e.g., heart fallend	-11	FRANKJ	DEAMAN			14 = A. M.
NOTITIAL OR ADDRESS OR LOCATION	- []			A. STATE B. COUN	TY I deceased lived. It instituted	on: residence before admission)
S. SEK S. RACE T. MARRIED NEVER MARRIED S. DATE OF BIRTH S. AGE (In years Membra)	- 11	HOSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	C. CIDLOR TOWN	D. INSIDE CI	Y UMITS?
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 1. DATE OF BIRTH 1. AGE on years 1. Under 124 Hrs. 1. Monitor 1. Monitor 1. Monitor	H	5/	r		2E YES	NO 🗌
S. SEK 6. RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH S. AGE (in years lost birthdoy) No.		CIOOD SAMAR	TAN		BOULDIN	ST
IOA. USUAL OCCUPATION[Give kind of work] [08, kind of Pusiness or Industry 11, BirthPlace (Stele or foreign country)] 103. FATHER'S NAME 114. MOTHER'S MAIDEN NAME 115. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL SECURITY NO. 117. INFORMANY 118. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., bend follow, althenic, inc. It meens the disease, injury or complication which caused death.] ANTECEDENT CAUSES DISEASE OR CONDITION ISS. (A) MAMEDIATE CAUSE (A) MAMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (D) TO THE DEATH BUT NOT RELATED TO THE REPAINAL DISEASE OR CONDITION OF REMAINAL DISEASE OR CO		SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH		Inder 1 Yr. If Under 24 Hrs.
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13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Wes Decessed Ever in U. S. Armed Forces? (res, no or unknown) [if yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 216-01-5097 105 yr THV CHAPT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart followe, sathenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving is a life he above cause (A) stoling the UNDERLYING CONDITION Set. All stoling the UNDERLYING CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION OTHER DEATH BUT NOT RELATED TO THE TERMINAL 17. PLACE OF INJURY (e.g., in or obout/21C. WHERE DID OPERATION IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF DEATH 21A. ACCIDENT WAS UNDERLYING HORD (Houd DEATH) COCOURT DEATH (nosty medical examine) 21A. ACCIDENT WAS UNDERLYING HORD (Houd DEATH) COCOURT While AI Not While Work May FROM While AI Work May FROM While Work May FROM While AI Work May FROM While Work May FROM While AI Work Ma		one during most of working life, even if retired)	1 91	Machine or lore	gn country/	CITIZEN OF WHAT COUNTRY?
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Total Condition Security No. S				MARIAUNA	KOFFMA	1 1/
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210-TIME (Month) (Doy) (Year) (Hour) 215 INJURY OCCURRED OF INJURY (APPROX.) While AI Not While C	119	21A, ACCIDENT WAS UNDERLYING OF	home, form, foctory, street, off	or about 21 C. WHERE DID	(If In Baltimore City,	give exact lacation)
22 Locality show 40 (ship house) and house Later and the show that the show	11 0			21E HOW DID INII	IN OCCUPA	
22 Lacostin stea 60 (stee Lacost) and Little		(APPROX)	While At Not While		oki Occoki	
17		22. I certify that (this hospital) attend		11/12	9 <u>7/</u> 10	12/11 19.71
that (we) last saw the deceased alive on 12/4 19 7/ and that in (my) (aur) opinion death occurred on the date		that (we) last saw the deceased alive	on 12/11	19 <u>7</u> and tha		
and haur and from the causes stated above. (We) (did) (did net) view the body after death.		and have and from the causes stated above 23A. SIGNATURE	e. (We) (did) (did net) vi	ew the body after death.		
Michael (I was 111) Attending Med. Shoff 1		Michael Color		ding Med.		TATE SIGNED
23C. PHYSICIAN'S NAME (Type) A 1		23C.PHYSICIAM'S NAME (Type)	2 DEGREE	D. ADDRESS	nys.	11/4/
MICHAEL COLVIN GEGREE GOOD SAMARITAN KOSPITAL	2	MICHAEL			JAN HOSPIT	AL
REMOVAL (Specify)		REMOVAL (Specify)	C. NAME OF CEMETERY OF CREA	MATORY 24D. 19	CATION (City, town	(State)
25A-SATE RECO BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25G-FUNERAL DIRECTOR , ADDRESS	IL	A. SATIS REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	EMELFRY PAR	LIMORE	11/2
DECTE TO CARE ZOTO OF KNOWN KICZOROWSKI, 1525 1/2-	12		,	Inda autous Divertor	1	Y YDDKE22

CHARTING ST CICCO SAMARIAN 245 5 8.410 -83 80-81-63 216-11 5897 Hospin Chine CANCER ET TRESONES 14 /11 Villetal Phone 1119 Marker Gara Coop Samer in their

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	ased to the hospital by a medical examiner. Also, if the direct or contributing cause of death	lent of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
	This certificate must be approv	the body was released to the	shows: (1) An accident of any n	was D.O.A. at a hospital (exce	deceased prior to death); and	written approval must be obta	

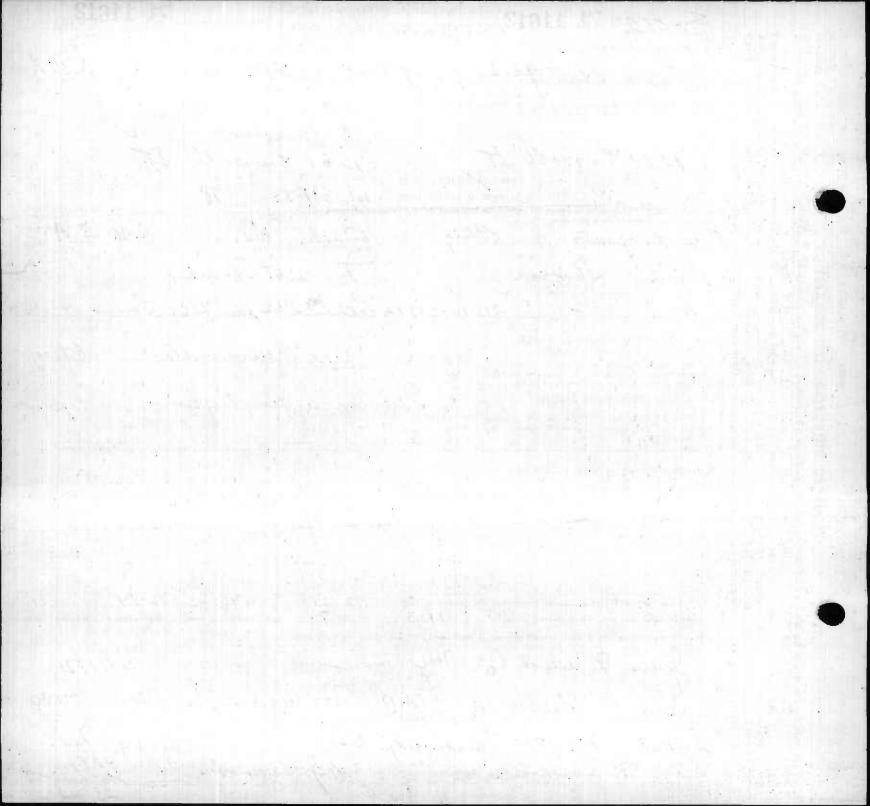
	K-520 74 14	044	BALTIMORE CITY	HEALTH DEPARTMENT	R. CORNBLAT	TH-UNIV.H.M FT				
Bil	NAME OF DECEASED	211	CERTIFICA							
	ne or Printl	L KIN	IG.		AND HOUR OF DEAT					
3.	PLACE IN BALTIMORE, MARYLAND, W	-	-/	4. USUAL RESIDENCE (W	here deceased lived. If	institution; residence before admission				
FL			UTION, GIVE STREET	A. STATE B. COL	INTY NNE AKUNI					
'''	UNIV. OF MARYLAN	a Hos	PHAL	EDGEWAT		YES NO P				
				E. STREET AND NUMBER Marlboro R	oad					
	SEX F 6. RACE W	WIDOWED		8. DATE OF BIRTH 12/7/7/	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
dot	LUSUAL OCCUPATION (Give kind of work to during most of working life, even if refired) INFANT	10B KIND OF	BUSINESS OR INDUSTRY	MARYLAND		12. CITIZEN OF WHAT COUNTRY?				
13.	FATHER'S NAME	٠.		14. MOTHER'S MAIDEN N.	AME					
	BRIAN KING			Susan M.	King					
15. (Ye	Was Deceased Ever in U. S. Armed Fores, no or unknown) (If yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	******	ADDRESS				
	NO	or service,	NONE	Brian D. King	father	same as #4				
	DISEASE OR CONDITION DIR	RECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	(This does not meen the mode of dying, e.g.,									
	heort foilure, asthenia, etc. it means the disease, injury or complication which caused death.									
	ANTECEDENT CAUSES		(B) - CCN	GENTINE HE	PRI DISE	ACE 2				
	DISEASES OR CONDITIONS, if cise to the above cause (A) UNDERLYING CONDITION last.		DUE 10, OR AS	A CONSEQUENCE OF:	100 a a a a a a a a a a a a a a a a a a					
	11		(-//							
ATTON	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL	*******************************	******						
CERTIFICATION	19A-DATE OF OPERATION 19R CONI WAS PERF	ORMED		20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?				
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. hom etc.)	e, form, foctory, street, of	or obout 21 Cf WHERE DID ice bidg., INJURY OCCUR?	(If In Boltime	ore City, give exact location)				
MEDI	21 D. TIME (Month! (Doy) (Yeor) OF INJURY IAPPROX.)		INJURY OCCURRED Not While At Work	21F. HOW DID IN	IJURY OCCUR?					
	22. I certify that (I) (this hospital) attended the deceased from 12/7 197/ to 12/8 19.7/									
	that (1) (we) last saw the decease					olnian death occurred on the date				
	and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.									
	Attended to the state of the st									
	23C. PHYSICIAN'S NAME (Type) J. M. RE	ese,	M.D.	3D. ADDRESS		12/8/7/ aitul, Butto				
244	BURIAL CREMATION, 24B DATE REMOVAL (Specify)		DEGREE THE OF CRE			City, lown, or county) (Stole)				
	Cremation Dec. 13		Lincoln Crem		Bladensburg,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
_		25B. NAME O		25C. FUNERAL DIRECTO		ADDRESS				
1	a man di demen	30.0			ILAWOU JULI	West St. Anna., Md.				
VS	150-REV. 1/1/68		CLD.	13-11-27-2 41-01-41	TONO, TATA	nose so, Ama, M.				

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FUNERAL DIRECTOR: IMPORTANT

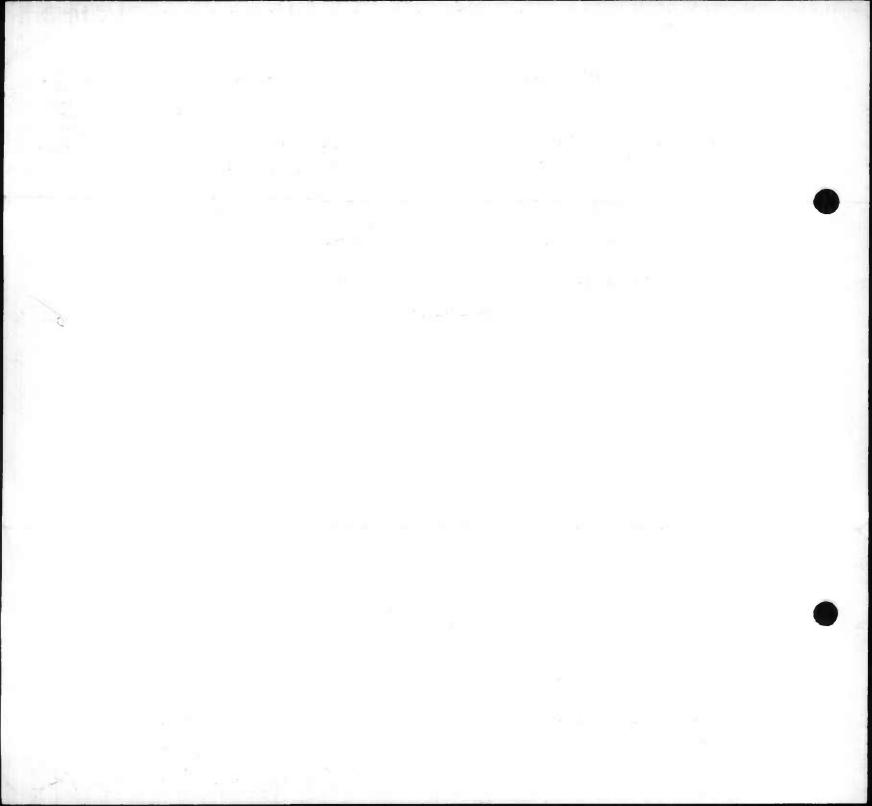
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

5-262 71 11612	BALTIMORE CITY HEALTH DEPARTMENT 71. 11612
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 71 11612
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print)	Shugars 12/14/71 3:30 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	D DEAD A. STATE B. COUNTY A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
000	E. STREET AND NUMBER
1261 Carroll St.	126/ Carroll St.
5. SEX 6. RACE 7. MARRIED NE	EVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
m widowed	DIVORCED 11/22/1893 1/8
day during most of working life, even if retired)	NESS OR INDUSTRY 11. SIRTHPLACE (Stofe or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Clevator gento. (3la	Ly. Dack. huy. M. J. A.
13. FATHER'S NAME	MOTHER'S MAIDEN NAME
Daniel Shu gar	OCIAL 17. INFORMANT ADDRESS
	OCIAL 17. INFORMAN ADDRESS
No - 2/5-10	CAUSE OF DEATH
DISEASE OF CONDITION DIRECTLY	CAUSE OF DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUSE (Pr. Yulmengelle / Clary
(This daes nat mean the mode at dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A CONSEQUENCE OF:
injury at complication which coused deoth,)	
ANTECEDENT CAUSES	DUE TO, OR AS A CONSEQUENCE OF
DISEASES OR CONDITIONS, it any, giving rise to the above couse (A) stating the	DUE TO, OK AS A CONSEQUENCY OF:
UNDERLYING CONDITION last.	(c)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	NO
OR CONTRIBUTING CAUSE OF home, form	CE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) INJURY OCCUR?
DEATH (notify medical examiner) etc.)	m, fociory, street, office bidg., INJURY OCCUR? JRY OCCURED 21F. HOW DID INJURY OCCUR?
DEATH (notify medical examiner) etc.) 21D.TIME (Month) IDoy) (Year) (Hour) 21E, INJU OF INJURY While At	m, foctory, street, office bldg., INJURY OCCUR? URY OCCURRED 21F. HOW DID INJURY OCCUR?
DEATH (notify medical examiner) etc.) 21D.TIME (Month) IDoy) (Year) (Hour) 21E. INJU OF INJURY IAPPROX.) While At Work	INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Not White At Work
DEATH (notify medical examiner) etc.) 21D.TIME (Month) IDoy) (Year) (Hour) 21E, INJU OF INJURY While At	m, foctory, street, office bldg., INJURY OCCUR? URY OCCURRED Not While At Work At Work
DEATH (notify medical examiner) etc.) 21D.TIME (Month) IDoy) (Year) (Hour) 21E. INJU OF INJURY IAPPROX.) While At Work 22, I certify that (I) (this baspital) attended the dec	INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Not White At Work 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10
DEATH (notify medical examiner) 21D.TIME (Month) IDoy) (Year) (Hour) 21E, INJU While At Work 22. I certify that (1) (this hospital) attended the decent that (1) (we) last saw the deceased alive an and haur and fram the causes stated above. (1) (We) 23A. SONATURE	INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not White At Work 19 19 19 19 19 19 19 19 19 19 19 19 19 1
DEATH (notify medical examiner) 21D.TIME (Month) IDoy) (Year) (Hour) 21E, INJU While At Work 22. I certify that (1) (this hospital) attended the dec that (1) (we) last saw the deceased alive an and haur and fram the causes stated above. (1) (We) 23A. FIGNATURE C. Welsch	INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While At Work 12 - 1 - 19 46 to 12 - 19 77 . 12 / 3
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DEATH (notify medical examiner) 21D.TIME (Month) IDoy) (Year) (Hour) OF INJURY IAPPROX.) 22. I certify that (1) (this baspital) attended the decent that (1) (we) last saw the deceased alive an and haur and fram the causes stated above. (1) (We) 23A. SIGNATURE 23A. HISNATURE 23A. HISNATURE	INJURY OCCURED 21F. HOW DID INJURY OCCUR? Not While At Work 19 7 (10 to 12 1/4 19 7/1) 10 ceased from 2 - 1/2 19 19 7/1, 10 ceased from 2 - 1/2 19 19 7/1, 11 ceased from 2 - 1/2 19 19 7/1, 12 // 3 19 7 (10 and that in (my) (cor) apinion death accurred an the date correct on the date correct of the death. 12 // 4 // 7 // 23D. ADDRESS 12 // 4 // 7 // 24 // 7 // 24 // 2
DEATH (notify medical examiner) 21D.TIME (Month) IDoy) (Year) (Hour) 21E, INJU While At Work 22. I certify that (1) (this baspital) attended the decent that (1) (we) last saw the deceased alive an and haur and fram the causes stated above. (1) (We) 23A. FIGNATURE 23G. HYSICIAN'S NAME (Type) JOHN P. UNLOCK JA	IRY OCCURRED 21F. HOW DID INJURY OCCUR? Not While At Work 12 - 1 - 19 46 to 12 - 19 7/ 12 / 3
DEATH (notify medical examiner) 21D.TIME (Month) IDoy) (Year) (Hour) 21E. INJU While At Work 22. I certify that (1) (this haspital) attended the det that (1) (we) last saw the deceased alive an and have and from the causes stated above. (1) (We) 23A. FIGNATURE 23A. FIGNATURE 23A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME o	IRY OCCURRED Deceased from 2 - 1 - 19 46 to 19 7/
DEATH (notify medical examiner) 21D.TIME (Month) IDoy) (Year) (Hour) 21E. INJU While At Work 22. I certify that (I) (this hospital) attended the decent that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) 23A. FIGNATURE 23G. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME o REMOVAL (Specify) 24B. DATE 24C. NAME o	IRY OCCURRED Deceased from 2 - 1 - 19 46 to 19 7/ 19 7



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if death occurred in a hospital and ect or contributing cause of death 4) Undetermined cause; (5) Deceased was in regular attendance on the the deceased prior to death. Such position is made.	BII 1. (T) 3. FL HIN 10 dor
kind; (death	15. (Ye
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
his certif he body hows: (1) ras D.O./ eceased rritten a	24 A
This the bashow was deceded writte	25A

	B-2110 BALTIMORE	CITY HEALTH DEPARTMENT 71 11613							
11,	71, 11613 CERTIFI	CATE OF DEATH REG. NO.							
	NAME OF DECEASED Type or Print)	2. DATE AND HOUR OF DEATH							
IL	PAHI, BTCKET.	12-10-71 1:05 Pa							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY							
-11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION!	Maryland Baltimore C.CITY OR TOWN D. INSIDE CITY LIMITS?							
П	m THE JOHNS HOPKINS HOSPITAL								
	BALTIMORE, MD 21205	E. STREET AND NUMBER							
		1155 Charles View Way							
11	MARRIED NEVER MARRIED	Idst Dirinday Manths! Doys ! Hours Min.							
1	MALE WHITTE WIDOWED DIVORCED OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	02-27-28 43							
	one during man g working the, even it refree)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY							
li	Jalesman Staky Skres 3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
\parallel		140 MOINER & MAIDEN NAME							
1	JOSEPH RTCKFT. 5. Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL	EDNA 17. INFORMANT ADDRESS							
110	es, no or unknown) lit yes, give wor at dates of service) SECURITY NO.	2 1/15							
1	\$13-26-1718 IB. 24 2 3 CAUSE OF C	ICCGIAN ISICKEL 1135 CHARLES							
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH							
	LEADING TO DEATH	CIENTRICULAR FIBRULATION 30 WIL							
	heart failure, asthenia, etc. It means the disease	R AS A CONSEQUENCE OF:							
	injury or complication which caused death.) ANTECEDENT CAUSES								
	(8) (0)	R AS A CONSEQUENCE OF:							
	rise to the above cause (A) stating the	A A CONSEQUENCE OF:							
	UNDERLYING CONDITION last. (C)								
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
N A	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	00000000000000000000000000000000000000							
Ebriel A v	19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
gu		CCEROSIS TES							
18.0		e.g., in ar about 21 C. WHERE DID the affice bidg., INJURY OCCUR? (if in Baltimore City, give exact location)							
2	210-TIME (Manth) (Day) (Yeor) (Haw) 215 INJURY OCCURRED								
AAEDI	I(WASK())	While T							
	Wark L.J At V	Wark LJ							
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on 12/10	The second secon							
		ond that in (my) (Gur) opinion death occurred on the date							
	ond hour and from the couses stated above. (1) We (did) (did not) view the body after death.								
	On a Road	Attending Med. Staff							
	23C. PHYSICIAN'S NAME (Type)	Attending Med. Stoff Phys. 2/10/7/							
24	A BURIAL CREMATION, 248, DATE 24C, NAME of GEMETERY OF	GREE THE TOHNS HOPKINS HOSPITAL CREMATORY 24D. LOCATION (City, fown, or county) (Stole)							
K	Jurial 14/13/11 Mes offered	Bullone							
25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C, FUNERAL PIRECTOR ADDRESS							
	DEC 15 1971 Robert Japles MA O	1 Challemann 6067 Harfulles							
VS	150-REV. 1/1/68	- 10							



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital

10	W-400	71 116	314	BALTIMORE CITY		X	REG. NO.	71	11614	4
	CH NO. //-	~0522	7.X. Z	CERTIFICA	TE OF DE	AIH				
	Pe or Print)		Lee	Wall			OUR OF DEATH		9.20	PM
3.		atrick MORE MARYLAND, W			II4 USUAL BESIT	12/1	1//1	- 110 - 110	0:30	M.
"	TOTAL IN DALL	WORLD WINKIEAND, W	THERE PRONG	ONCED DEAD	A. STATE	B. COUNTY	iceosed lived. II in	sitution; fest	lence belore od	mission)
[] H	ILL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITATION)	TUTION, GIVE STREET	c. CITY OR TOW	and N	D. INSI	DE CITY LIMI	TS?	DO
1	South	Baltimor	e Gene	ral Hosp.	Balti E. STREET AND	MOTE NUMBER		YES	№ □	
	1 3				3710	McDowe1	1 Lane			
11		RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT		GE (In years birthdoy)	If Under 1	Yr. If Under	24 Hrs. Min.
	ale	White	WIDOWED		12/10/7	1	•	1	10	
10/	. USUAL OCCUP	ATION (Give kind of work rking life, even it retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign c	ountry)	12. CITIZEN	OF WHAT C	OUNTRY?
	FATHER'S NAME				Maryla					
		d Wall			I WOINER S N		L. Jasti	rzomsk	i	
						Janet	D. Jast.	c z emore	10=14	
(Ye	s, no or unknown) (II	ver in U. S. Armed For I yes, give wor or dote	ces? s of service)	SECURITY NO.	17. INFORMANT			A	DDRESS	
-				None	Howar	d Wall	(A	Abo	ve)	
	18.5 5 /	49		CAUSE OF DEAT	н				APPROXIMATE IN	
II	DISEASE	OR CONDITION DI	RECTLY		*		15 11.		WEEN ONSELAN	IO OEATH
	6.7	ADING TO DEATH		(A)IMMEDIATE CAL	USE DIAN	ragma	tic Her	ma	34 h	Turks
	heart failure, as	meon the mode of thenio, etc. It meons	the diseose	DUE TO, OR AS	A CONSEQUENCE	OF:				
		colion which coused	deoth.)		7. 43	2	41	. 1		
		TECEDENT CAUSES		(8)	Ten sion	Theu	mo recens	4	34h	1415
	DISEASES OR	CONDITIONS, if above couse (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE	OF:				
		CONDITION lost.	stoling ine	(c)						
		- 11								
ATION	TO THE DEATH !	ANT CONDITIONS COL BUT NOT RELATED TO THE IDITION GIVEN IN PAR	HE TERMINAL	*****************	######################################		•••••••		************	
ERTIFIC,	IPA. DATE OF O	PERATION 198 CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes of No) 20 IN	B. IF YES, WERE I	INDINGS CO	NSIDERED ATH?	
0	21A. ACCIDENT OR CONTRIBUTION DEATH (notify many	WAS UNDERLYING CAUSE OF	21E hon etc.	PLACE OF INJURY (e.g., ine, form, foctory, street, of			(If In Boltimore	City, give e	xoct location)	
MEDICAL	21 D. TIME (A	Nonthi (Doy) (Year)	(Hour 21E	INJURY OCCURRED	121E HO	W DID INJURY	OCCUR			
ME	OF INJURY (APPROX.)	,		ile At 🖂 Not While	٠,	W DID MJOKI	O C C O K			
Ι.	22. I certify the	at (1) (this hospital) attended t	he deceosed fram	12/10 7/	197/	to /2/	11	19	7/
		st sow the decease			197/		n(my) (aur) opli			
				(We) (did) (did nat) v						
	23A. SIGNATURE							23B, DATE S	IGNED	
		Dele	gic'	OEGREE Phys	nding Me	d. Staff	.0	121	11/71	
	PHYSICIANS NAME (Type				South F	_	re Gener	al Hos	spital	
24/	BURIAL CREMA	TION, 248, DATE	24C N	OEGREE AME OF CRE	The state of the s					F
	REMOVAL (Spe	cifyl				24D. LOCA		y, town, or co		(Stote)
25	Burial	12/13/		len Haven Me			len Burn	Te, MC		
23/	DATE REC'D BY	TO A O	ZSB. NAME	OF REGISTRAR	2SC, FUNERAL	DIRECTOR	ink Cl	on Rui	ADDRESS	vd.

Logic of Henric Street

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VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

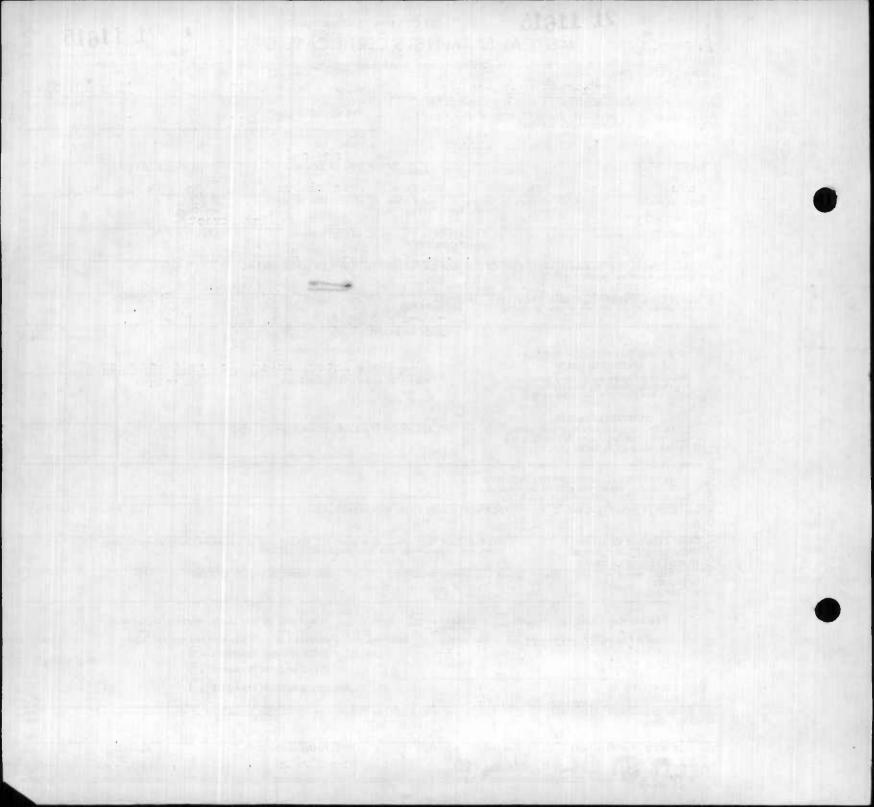
258. NAME OF REGISTRAR

Failer M.D.

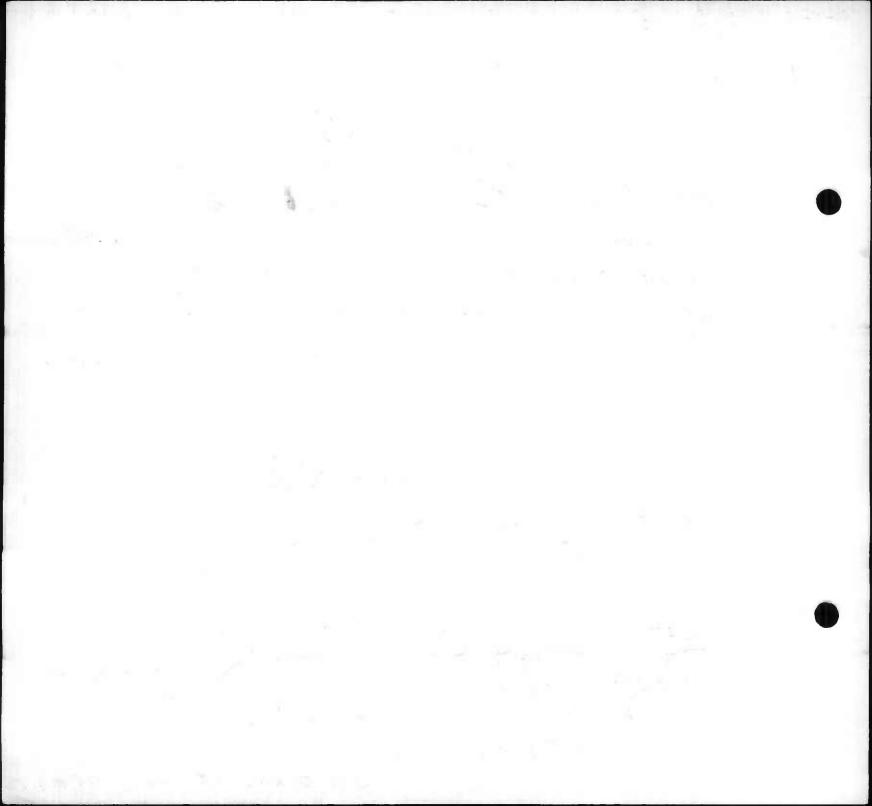
25C. FUNERAL DIRECTOR

ADDRESS

rederick D. Miller, Inc 3019 Monument

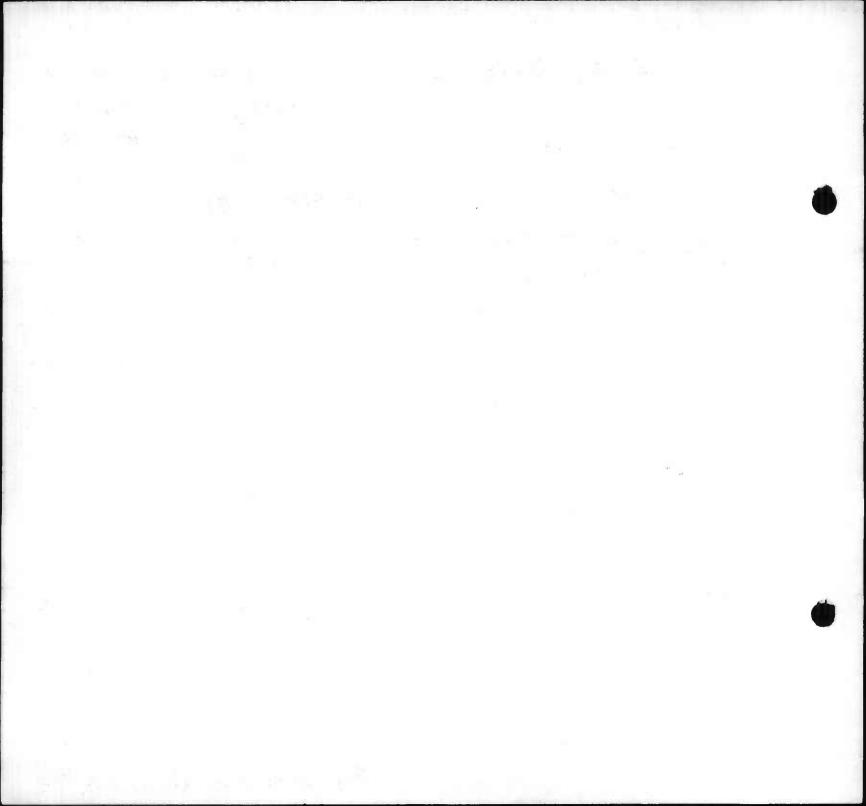


-55 ls	i		FALTH DEPARTMENT 71 11616
and sed the uch		71 11616 CERTIFICATE	E OF DEATH REG. No.
0 0 0	(T	Type or Print) ANNA MYLLS	2. DATE AND HOUR OF DEATH 12/12/7/ 19.00 PN
se of d (5) Dece ance or death.	11	^-	USUAL RESIDENCE (Where deceased lived, If institution; residence before admission). STATE B. COUNTY
_ 3 E	FI	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland CITY OR TOWN D. INSIDE CITY LIMITS?
		Part of the - to a built	Baltimore YES X NO NO
uting ed cau ar att prior de.		Bay (19 1708) Bay M. E	STREET AND NUMBER 625 Savage Street 21224
occurr ontribu ermine regula eased is mad	5.	Class Call WIDOWED DIVORCED	PAYE OF BIRTH 9. AGE IIn years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
th collecter	10.	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. lone during most of working life, even if refired)	
deat Unde as in	13.	3. FATHER'S NAME	Maryland U.S.A
nt if death direct or c ; (4) Undet th was in in the dec disposition		1/ -1/ -1/10	MOTHER'S MAIDEN NAME
H - D H O _	15.	5. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	INFORMANT 4940 Eastern Avenue DRESS
the the dec	1	res, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 215-34-0746	BCH-Records Baltimore, Maryland 21224
DIE COOP P		18. 15 4 1 2 5 0 9 CAUSE OF DEATH	APPROXIMATE INTERVAL
Also, e of a nounc atten		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Adoro Corcasa plata. 1 year
rtur crur ar bal		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury ar complication which caused death.)	NISEQUENCE OF:
fra fra		ANTECEDENT CAUSES	
Xar Xar Wh Wh		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A C rise to the above cause (A) stoting the	ONSEQUENCE OF:
10 10 10 10 10 10 10 10 10 10 10 10 10 1		UNDERLYING CONDITION last. (C)	4. A. b.
medical burns; burns; physicia an was	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	the Milhon.
Body Body the ysici	CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
for by		OR COMPRISE OF THE PARTY OF THE	obout 21C, WHERE DID (if in Baltimore City, give exoct lacation) bldg., INJURY OCCUR?
hospital nature; (ept whe d (6) No	EDICAL	21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID-HITTURY OCCUPATION
the hospi iny nature except w and (6) h	1	OF INJURY (APPROX.) While At North He At Work At Work	
		The transfer of the standard the deceased from	19 2/ to /2//2 197/
\$ 5 4 E & 8		that (1) fat ast saw the deceased alive on	and that in (my) (our) opinion death accurred on the date
eased to ident of hospital o death)		and haur and from the causes stated above (I) (We) (did) (did nat) view 23A.5IGNATURE	the bady after death.
a the		Daniel a Joseph Morane	g Med. Shaff 17/17/7
This certificate the body was reshows: (1) An action was D.O.A. at a deceased prior written approven		LIEC V. LADTACLINAD IS	ADDRESS 4940 Bastern Avenue
E ACORE	24/	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATE	TORY 24D COCATION (City, town, or county) (Stote)
This certhe boc shows: was D. deceas	L	BURIAL 19/71 MEADOWRIOG.	E BALTO. MO.
This certif the body shows: (1) was D.O.A deceased written ap	25/	DFC 16 1971 Johan F. Jacker M.D.	25C. FUNERAL DIRECTOR ADDRESS
	VS	\$ 150-REV. 1/1/68	J.E. CONKELLY SONS 300 MAG



	5+88+4		E-420 71 11617		TE OF DEA
	as de Su	(Ту	De or Print ELLIS, FRANK	C	2.
	in a hospit ig cause of ause; (5) De attendance or to death	FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE LL NAME OF SPITAL OR INSTITUTION ADDRESS OR LOCATIONI LA HOME OF SITUATION ADDRESS OR LOCATION ADDRESS OR LOCATI		4. USUAL RESIDEN A. STATE 2 CC. CITY OR TOWN E. STREET AND NI
	death occurred to contribution Undetermined as in regular e deceased presition is made.	don	WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WITH WITH WITH WITH WITH WITH WITH WITH	DIVORCED DIV	8. DATE OF BIRTH 11. BIRTHPLAGE (SIG
MIANI	the direct kind; (vind; (vind; leath lince on final dis	15. (Ye:	no or unknown) (It yes, give wer or dotes of service)	SOCIAL SECURITY NO. 8-01-21-58 CAUSE OF DEATI	17. INFORMANT
DIRECTOR: IMP	l examiner or his a examiner. Also, if (3) A fracture of any n who pronounced in regular attendations are embalmed or		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heort foilure, asthenio, etc. If meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION lost.	(A) IMMEDIATE GAU DUE TO, OR AS (B) DUE TO, OR AS	G = . T
ONERAL DI	chief medical y a medical Body burns; the physicia ysician was	RTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH WAS PERFORMED		Carena 20A-AUTOPSY? (Y
-	bd by the cospital kature; (2) pt where (6) No p	DICAL	DEATH (notify modical examined otc.) 21D-TIME (Month) (Doyl (Year) (Houd 21E, INJU (APPROX) While At	RY OCCURRED Not While	or about 21 C. WHER inco bidg., INJURY OC
	approvate to the of any rail (except); and be obto		Work 22. I certify that (i) (this hospital) attended the detail (i) (we) last saw the deceased alive on and hour and from the couses stated above. (i) (We)	12-11	19 7 (lew the body after
	This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospitedeceased prior to deathwritten approval must		23C. PHYSICIANS NAME (Type) DNGT LITH TO CH	DEGREE Phys.	Med. Directors 3D. ADDRESS
	This certification was body was b.O.A. deceased puritten app	24A 25A	BURIAL CREMATION, 248. DATE 24C. NAME of REGO BY HEALTH DEPT. 258. NAME OF REG	OEGREE OE CEMETERY OF CREA SISTEMAR	MATORY Con 25C. FUNERAL D
	부부생 > 수 >	VS	1FC 16 1971 Paber & Jacks A.	b 6	Jake &

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1	I-420	71 116	APS		BALTIMORE	CITY HE	ALTH DEP	ARTMENT	- 1	lam			
BI	RTH NO.	\T TTP	11/		CERTIFI	CATE	OF [DEATH	REC	3. NO	1 11	617	
1,1	NAME OF DECEA	SED						2. DATE	AND HOUR O	F DEATH			
	F	LHIS,	-RAI	VK.					11:40	A	1	12-11-71	M
3,	PLACE IN BALTIA	AORE, MARYLAND,	WHERE PR	ONOUN	CED DEAD	4, A.	USUAL RE	B. COL	here deceased	lived. Il insti	lution: reside	ence before odn	nission)
FL	L NAME OF	(IF NOT IN HOSE	PITAL OR IN	NSTITUTE	ON, GIVE STREET		200	new	thery	and.	May	y light	
IN	STITUTION	7 1	CAHOM	A	1	C.	CITY OR TO	NWN	1		CITY LIMIT		
. /	Lutteren	1 IInput	M	1	Manglort	/ E.	STREET AN	D NUMBER		Y	EST	NO 🛛	
7	-6			U	<i>V</i>				٠			53	00
5.	SEX 6.	RACE	7- MARI	RIED	NEVER MARRIED	☐ 8. E	ATE OF BI	RTH	9. AGE (In	yeors	If Under 1	Yr. II Under	24 His.
	male	45		WED X	DIVORCED		1-12.	92	last birthday	^	Aonths Do	/S Hours	Min.
dor	LUSUAL OCCUPA to during most of work	ATION (Give kind of w king life, even if relired	ork 10B, KIN	D OF BL	JSINESS OR INDU	STRY 11.	BIRTHPLAC	E (State or la	reign country?		12. CITIZEN	OF WHAT CO	UNTRY?
	BUSINES.	SAGENT		LE 5	FETTING	_	0	mangla	L		U	. SA.	
13.	FATHER'S NAME					14.	MOTH ER'S	MAIDEN N.	AME				
		JOHN	ALCOHOL:	415					1	FORD			
15. (Yo	s, no or unknown) (III	er in U. S. Armod i yes, give wer or de	orcos? des of servi	ice) 16	SOCIAL SECURITY NO.	17.	NFORM AN				AD	DRESS	
	NO				18-01-0215	18	may	e me	nof 3	200 h	entury	are .	
	18. 5 19-	3 41/62	7.1		CAUSE OF D	EATH			7/			PROXIMATE INTE	
		OR CONDITION I					C	- P	. 0	0		A .	, beatt
	(This does not	mean the made	of deina	e.g.,	(A) IMMEDIATE	CAUSE R AS A CO	NSEQUENC	E OF	mound	M2-AK	run-1	any	> ^
	injury or complic	lhenio, elc. Il meor calion which cause	ns the dise ad death.)	ase,		154			3		· 1		
	AN	TECEDENT CAUSE	ES .		con the	nere	04.	Elmstre	Ling	Alisen	~e	glas	no.
	DISEASES OR	CONDITIONS, if	ony, gi	ving	DUE TO, O	R AS A C	ONSEQUEN	ICE OF:		***********		4	
	UNDERLYING C	obove cause (A CONDITION lost) \$10ling	the	(c)								
~		11	-		- 10					/1			
TION	TO THE DEATH B	NI CONDITIONS C	THE TERMIN	NG	Trafa	ble	Car.	own	1 140	Ray	.		
ICA	DISEASE OR CON	PERATION 198 CO	ART I (A).		CH OPERATION		OA. AUTOR	5Y2 (Yes at h	101 208 15 VE	e Wene Fial	DINGS CO.	UCIDENED.	
E	0	WAS PE	RFORMED						IN CERTIF	YING CAUSE	S OF DEA	TH?	
- 1	21A. ACCIDENT	WAS UNDERLYING		21B, PLA	CE OF INJURY (e	eg, in or o	bout 21 C. V	WHERE DID	(IE 1	in Boltimore C	ity, give exc	icl location)	
S	DEATH (notity mo	dicol exemined		otc.)	carrie roctory, sales	ig office i	111301	I OCCUR:					
MEDI	OF INJURY	lonth) (Dayl (Year) (Hous		JURY OCCURRED		21 F. H	HI DID WO	JURY OCCU	77			744
<	(APPROX.)			While A Work	Not V	While							
	22. I certify tha	it (1) (this hospite	al) attende	ed the d	leceosed from		2-8		19 7/ to	12	-11	19 ×	7/
		it saw the deceas			12-11		19	and t	hat in(my) ((our) apinia	n deoth o	curred on th	e dote
	and hour and fro	om the couses st	ated above	e. (1) (W	(e) (did) (did no	t) view	he body	after deoth	,				
	23A. SIGNATURE	0/21.	12			Au b				23	8, DATE SIG		
	22C BUYELEY AME	aggarano, J.			DEGREE	Attending Phys.		Med.	Staff Phys.		12-11	-21	
	23C. PHYSICIAN'S NAME (Type)	100-11-				23D.	ADDRESS	6.11	1 /	OB.	0	2/2//	
24 4	BURIAL CREMA	NGE 41A		OPA		GREE	730	un	ulunta	11 . 1	my'	2176	
**************************************	REMOVAL (Spec	TION, 248 DATE	-7/ 240	NAME	of CEMETERY of	CREMAT	ORY	24D. 1	LOCATION	(City, t	own, or cor	intyl (St	otel
25 A	DATE REC'D BY	HEALTH DEPT.	1268 2163	De.	en. HAVE.	یم کر	27 1		Slen	Dus	24	My.	
	MED 1R 10	77 Robert	25B_NAA	OF R	EUISTRAK	3	SC. FUNER	AL DIRECTO	R	. 11	2 1	DDRESS	
/5	50-REV. 1/1/68	J. J. WILLIAM	sal Asset	Dett.	50.	1	axen	Live	Maca	660	1 100	Ket 4/2	<u>e</u>



MAK

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	^	1-200 71 11618	BALTIMORE CITY	HEALTH DEPARTMENT	71 11618				
	BIR	TH NO.	CERTIFICA	CERTIFICATE OF DEATH REG. NO.					
		MECH, MARIAN	R.	DECEMBER 10,1971 11:40 P.M.					
	3. (PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY					
1	HC	LL NAME OF (IF NOT IN HOSPITAL OR IN:	STITUTION, GIVE STREET	MARYLAND	013				
	INS	ST AGNES HOSPITA	ī	BALTIMORE	YES XXX NO				
	ha	10		E. STREET AND NUMBER					
	5. S			5507 ROLAND AVENUE	21210				
	F	EMALE CAUCASION WIDOW		8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 60	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	done	USUAL OCCUPATION (Give kind of work 108, KIND of during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	10	HOUSEWIFE		CANADA	U.S.A.				
		FATHER'S NAME	**	14. MOTHER'S MAIDEN NAME					
		ARTHUR ANALY RUSHTO Nos Deceased Ever in U. S. Armed Forces?		CLARA COOPER					
	(Yes	NO	SECURITY NO.	ST AGNES HOSPITAL WI					
		18. 174X	CAUSE OF DEATH	0000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Keshreatory tailure	•				
		(This does not mean the mode of dying, a heart failure, asthenia, etc. It means the disea	(A) IMMEDIATE CAU	CONSEQUENCE OF:	*************************				
		injury or complication which caused death.)	(00.00)	relied Gelastas					
		ANTECEDENT CAUSES	(B) (B)	X-V					
		DISEASES OR CONDITIONS, if any, givense to the above cause (A) stating	the A	A CONSEQUENCE OF:					
		UNDERLYING CONDITION last.	(c)						
	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG.						
	CAT	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 119B CONDITION FO	104444444444444444444444444444444444444	[20 A. AUTOPSY? (Yes or No.)] 20B. IF YES, WE	SE PAINING COALCIDER				
	ERTIFICATION	WAS PERFORMED	WHICH OFERATION		RE FINDINGS CONSIDERED CAUSES OF DEATH?				
	9	OR CONTRIBUTINO CAUSE OF	21B PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C, WHERE DID (If In Boltice bldg, INJURY OCCUR?	more City, give exact location)				
		21D.TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
		(APPROX)	While At Work Not While At Work						
	Ì	22. I certify that (IX(this hospital) attende	d the deceased from DE		CEMBER 10 19 71				
		that (1) (we) last saw the deceased alive o			opinion death occurred on the dote				
		ond hour and from the causes stated above	· (1) (M=) (414) (4) 4) 1	ew the bady after death.					
		The Swe	She DEGREE Phys.	ding Med. Shoff Phys.	DEC: 10 71				
		23C. PHYSICIANS ROURE		ST AGNES H	ESPITAL BATTO				
3	24A	BURIAL CREMATION, 248, DATE 24C REMOVAL (Specily)	NAME of CEMETERY OF CREE	MATORY 24D. LOCATION	(City, town, or county) (Side)				
	_1	ENTOMBMENT 12/14/71		PARK BALTIMOR					
	25A	FC 16 1971 Page & Jal		MITCHERE WIEDEFELD 6500 YORK RD. 2	HOME ADDRESS				
F	VS 1	50-REV. 1/1/68							

THERESE, TO THE RUTTER mandal gularene

FUNERAL DIRECTOR: IMPORTANT

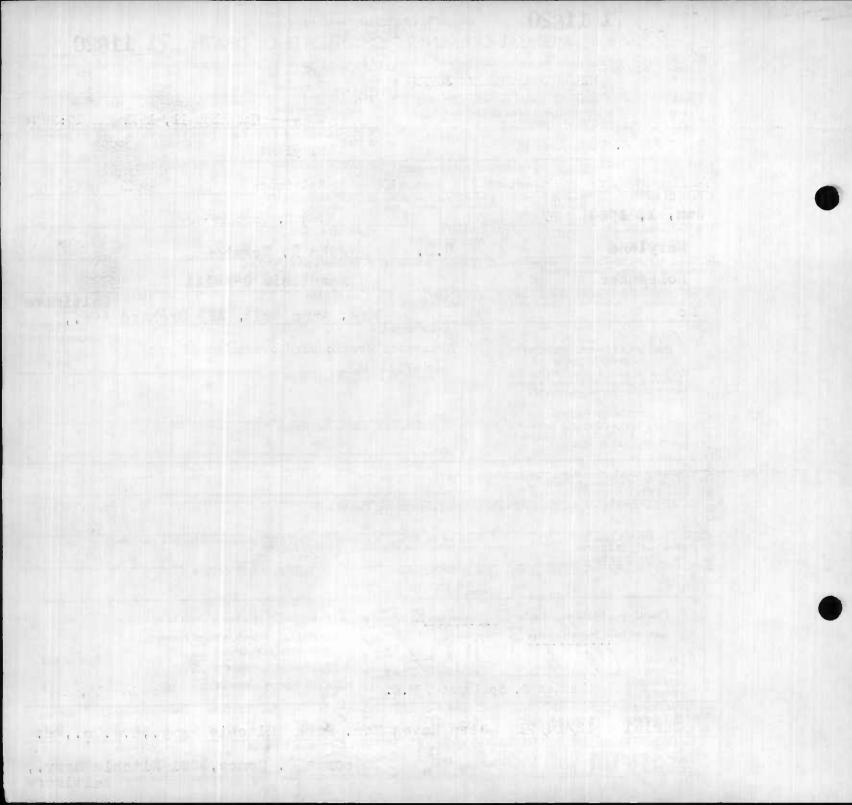
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	- 2) Mad		BALTIMORE CIT	Y HEALT	H DEPARTMENT		PH A A	1-10	
-	1)-500	/1.	11613	CERTIFICA	TEC	DE DEATH	REG. NO.	71 1	1619	
1 0	NAME OF DECI	ASSO RAY	Margan	A. Downey, S.			D HOUR OF DEA	FU	4.5	
СТу	pe or Print.	MORGA	N	DOW NEY		12/9	111		741 Pm.	
3.	PLACE IN BALT	MORE MARYLAND, W	HERE PRON	OUNCED DEAD	A. USU A. STA			f institution: r	esidence before odmissionl	
FU	ILL NAME OF	(IF NOT IN HOSPIT	AL OR INST	TUTION, GIVE STREET	M	ld.			1101	
HI	STITUTION	ADDRESS OR LOC	(NOITA		C. CITY	ORTOWN	D. 1	NSIDE CITY L	IMITS?	
-	20					ltimore		YES X	№	
-	2				E. STRE	ET AND NUMBER				
Mercy Hospital 102 E, Madison Street 5. SEX 6. RACE 1/2 MARRIED TO ANGLE MARRIED FT 8. DATE OF BIRTH 12. AGE In vegs 1 If Under										
		6. RACE		D NEVER MARRIED [ost birthday)	Months	T 1 Yr. If Under 24 Hrs. Doys Hours Min.	
	le	White	WIDOWE			24/97	74	110 000		
		rorking life, even if refired)	TIOK KIND	OF BUSINESS OR INDUSTR	r it. biki	HPLACE [Stole of fores	ga country)	12. Cm	ZEN OF WHAT COUNTRY?	
	Religious		Societ	y of XJesus		Washington.	D. C.		USA	
13.	FATHER'S NAM	AE			14. MO	THER'S MAIDEN NAM	AE			
	Lav	rence A. Dow	ney		C	atherine 0.	Donoghue			
15. (Ye	Wes Deceased	Ever in U. S. Armed For	ces?	SECURITY NO.		RMANT			ADDRESS	
		, g		114-54-6938	Rev.	E. P. 0 Co	nnell 102	E. Mad	ison St.	
	18. 19 17	8		CAUSE OF DEA	TH	<u> </u>			APPROXIMATE INTERVAL	
1		E OR CONDITION DI	RECTLY						BETWEEN ONSET AND DEATH	
		LEADING TO DEATH	Advisor	(A) IMMEDIATE CA	USE M	etastatic Co	ircinoma st	Liver		
	(This does not mean the mode of dying, e.g., heart failure, astheria, etc. it means the disease, injury or complication which caused death.)									
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:									
		R CONDITIONS, If		DUE TO, OR A	S A CONS	EQUENCE OF:				
		CONDITION last.	oraning to	(c)						
1		11								
ATION	OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING	G						
∥8	DISEASE OR CO	OPERATION TO THE COM	T F (A).		1204	AUTOPSYT (Yes or No	20B. IF YES, WE	DE EINDINGS	CONSIDERED	
ERTIFIC	O DAIE OF	WAS PER		t Which Orbiglion	1	1/2	IN CERTIFYING	CAUSES OF	DEATH?	
1 2	21A. ACCIDEN	IT WAS UNDERLYING	1 2	IB. PLACE OF INJURY (e.p.	in at abou	121C. WHERE DID	(II In Bolt)	more City, giv	ve exoct lacation)	
¥	OR CONTRIBU	TING CAUSE OF medical examined	h	ome, farm, factory, street,	office bldg	INJURY OCCUR?	,			
EDIC		(Month) (Day) (Year)	(Haus) 2	L INJURY OCCURRED		21F. HOW DID INJ	IRY OCCUR?			
ME	OF INJURY		v	While Al Not Wh	ile 🖂					
				Vork L Al Worl	, 1				/ 6 - 31	
		that (1) (this hospita		1 - /			9	1 2	_ / 9 19 / /	
		lost saw the decease					at in (my) (our)	opinion dea	th occurred on the date	
			ted above.	(1) (We) (dld) (dld not)	view the	body after death.				
23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff 7									TE SIGNED	
	Ken	neth K Wa	mels	M. D. DEGREE Ph	ys. L	Director L	Phys.	/ 4	-/7///	
	23C. PHYSICIA NAME IT	N S ypel			23 D. AD		0	1 01	R-H MA	
				DEGRE	M	ercy Hos B.	ST. Pa	nl Pl	Da 17. 11d.	
24	REMOVAL (MATION, 248. DATE	24C.	NAME of CEMETERY of C			CATION	(City, town,	or county) (State)	
	Burial	12/13/	71 G	orgetown Univ	Com	aterv	Washingto	n D	C	
25		BY HEALTH DEST	258 NAM	E OF REGISTRAR	25C	FUNERAL DIRECTOR			ADDRESS	
	DEC 1	D 19/1 James	A CT AS	illey M.D.	Mit	chell-Wieder	eld Home	6500 Yo	ork Rd.	
VS	150-REV. 1/1/	88				0 1 5				

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RII	J-526) 1	MED		EXAMINER'S			OF D	EATH	REG. NO	. 11	162	20
(Type or Print) MILDRED CATHERINE JOHNS							Known [Manth	Doy	Yes	ar	Hnur
4.	PLACE IN BAL				ONOUNCED DEAD	3. DATE			Month	Day	Ye	or	Haur
FUI HO	L NAME OF SPITAL	(IF NO	T IN HOSPITA	L OR INSTI	TUTION, GIVE STREET	PRONO	UNCED DEA	Dec	ember	11, 1	1971		10:30 A
	INSTITUTION						ESIDENCE (Where de		d. If Institution	on; reside	nce be	fore admission)
6	764	E. Fo	rt Aver	nue		A. STATE	Maryla	nd	В.	COUNTY			4-03
6.	SEX	7. RACE		8. MARRII	ED NEVER MARRIED	C. CITY OR			I	D. INSIDE C	CITY LIMIT	TS?	1
F	emale	White		WIDOW			Baltime	ore			YES X		- C
9. 1	DATE OF BIRTH		10.AGE (In	years	If Under 1 Yr. Il Under 24 Hrs.		AND NUMB				LES [W]	N	<u>о Ц</u>
7	Jan. 1.	1904	lost birthdox)	Months Days Hours Min.		761 E	Tout	· A				
	BIRTHPLACE (S				2. CITIZEN OF	13. FATHER	764 E.	Fort	Aven	ue			
	Maryl				WHAT COUNTRY?			20.20					
14A	USUAL OCCU	PATION (GIV	e kind of work	4B. KIND	U.S. OF BUSINESS OR INDUSTRY	115. MOTHE	hn R.	MCM	anon				
don	Homem	arkina lite, ev	en if retired)				astasi		#NT - 3 7	7			
16			II S ARMED	FORCES?	17. SOCIAL	IS. INFORM		La U	.MeTT		DDDESC		
(Ye	WAS DECEASI PO OF unknown)	(Il yes, give	wor or dotes	of service)	SECURITY NO.				000	,	WUKE33	Ba	ltimore
-	19. // / 2	11					Anna N	ull,	223	Orch	ard	AV	OXIMATE INTERVAL
	4/2	14 1			CAUSE OF DEA								N ONSET AND DEAT
Н			TION DIREC	TLY	Arteriosc	lerotic	cardi	ovasc	ular	diseas	e		
		EADING TO			(A)IMMEDIATE C								
	heart follure,	asthenia, etc	made of dyl . It means the ch coused dea	disease,	DUE TO, OR A	S A CONSEQ	UENCE OF:				310		
	injury or con	paconon was	CII COOS 40 040	m.)									
	ANTECEDENT CAUSES (B)												
	DISEASES C	OR CONDITION	ONS, IF ANY	GIVING	DUE TO, OR	AS A CONSEC	QUENCE OF:						
2	UNDERLYIN	G CONDITI	ION LAST.	ino inc	(c)						Show		
2			11										
3	OTHER SIGN	FICANT CON	ADMONS CO	NTRIBUTI	NG								
표	DISEASE OR	CONDITION	RELATED TO	RT 1 (A).	AL								
CERTIFICATION	20A. DATE OF	OPERATION	1 208. CON	DITION F	OR WHICH OPERATION WA	S PERFORM	ED				21. AL	JTOPS	Y? (Yes or No)
	0											RT	
EDICAL	ALDERTINO TOV COLLIND										act locatio	on)	0
X	UTING CAT		ay) (Year	(Hour)	22E.INJURY OCCURRED	2	2F. HOW DI	DINIIIP	V OCCUP				
	OF INJURY (APPROX.)				WHILE AT NOT	WHILE		- 11.001	. Octobr				
	23.			lT .	1. WORK AT W	ORK L							
	l certi				Inspection X Aut		and that	on this	basis, de	oth In my	opinior	n	
	result	ed fram: N	atural caus	es X	Accident Suicid	• 📙 Ho	micide 🔲	Und	ietemine	d manner			
	ACTUAL	N.	1 /	_ U	1)1		HIEF MEDIC	CAL EXA	MINER _				
	SIGNATU	RE (will	2),	grugatino	ASSIS	TANT MEDIC	CAL EXA	WINER [N N		U	ATE SIGNED
	EXAMINE NAME (T	R'S	Charles	S. S	pringate, M.D.	ASSO	CIATE MEDIC	CAL EXA!	MINER [Dec	ember	r 1.	1, 1971
24/ RFI	BURIAL CREM	ATION, 2	48. DATE		24C. NAME of CEMETERY	or CREMATO	RY	24D, LOC	ATION	(City, taw	n, or cour	nty)	(Stote)
KEI	Buri	al .	12/14/	71	Glen Haven	Mem I	Pank	Rite	hie				
254		BY HEALTH	/	258. NA	ME OF REGISTRAR		UNERAL DIR		MTS .		ADDRESS		o.,Md.
	DEGI	6 157	Roller	123					ice,4	ALCOHOL:			Hgwy.
VS	51.REV 1/1/48						4 1						1++

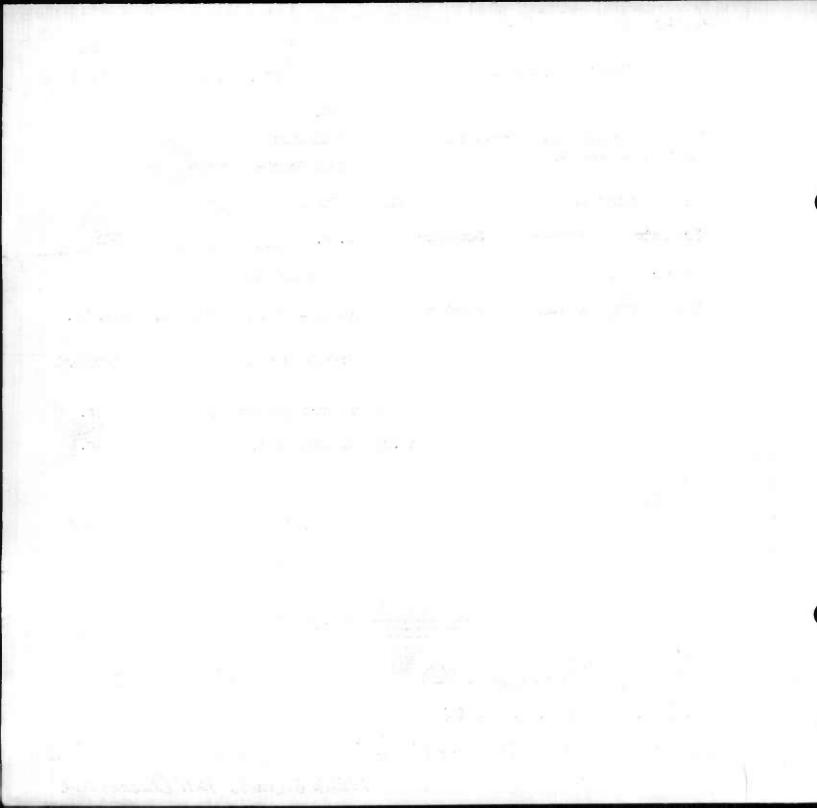


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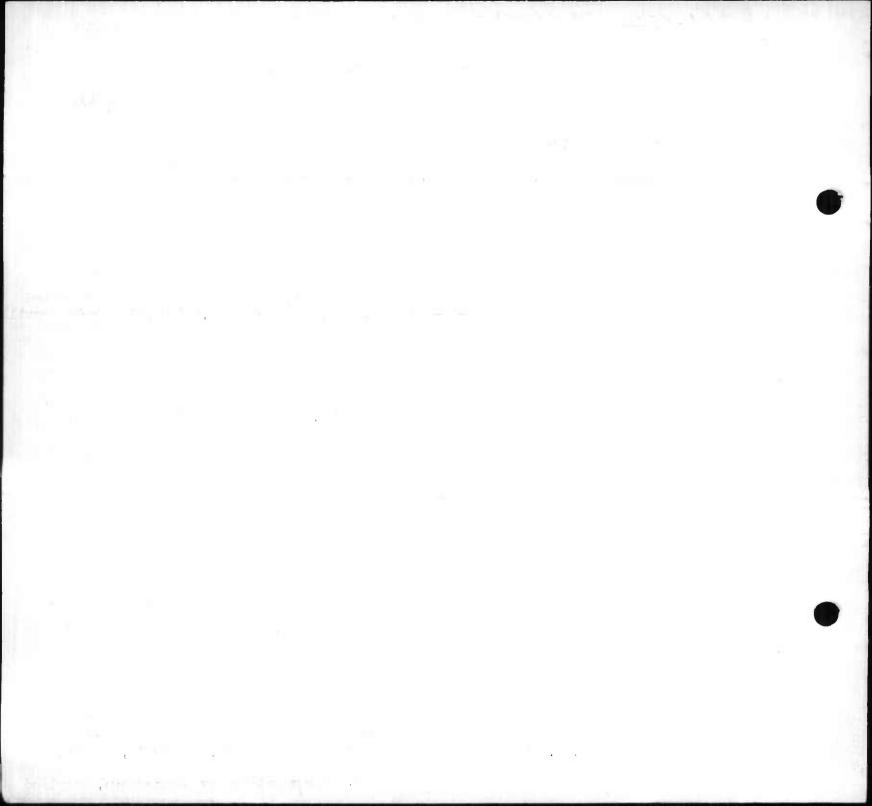
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-400	Prof. of all	004		HEALTH DEPARTMENT					
BIRTH NO.	\T T1	621	CERTIFICA	TE OF DEATH	REG. NO.	1 11621			
1. NAME OF D		1 77 77		2. DATE A	ND HOUR OF DEATH	0.02			
2 81 4 65 141 8	William Flo			Dec	Dec. 11, 1971 12:10 P				
11	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COUR	ere deceased lived. If ins	titution: residence before admission			
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md.		2605			
IIS Publ	lic Health Serv			c.city or town Baltimore	D. INSID	E CITY LIMITS?			
	Wyman Parkway	ATGE HOS	shr rar	E. STREET AND NUMBER		YES NO NO			
3100	Hyman Talina			1011 Rennic	ek Court				
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.			
M	Caucasian	WIDOWED	DIVORCED TO	8/20/27	lost birthday)	Months Doys Hours Min.			
10A. USUAL OC	CUPATION (Give kind of work of working tife, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of fore	ign country)	12. CITIZEN OF WHAT COUNTRY			
3rd m			Seafarer	W.Va.		USA			
13. FATHER'S N.	AME			14. MOTHER'S MAIDEN NA	ME				
George	e Hall			Myrtle Trim	ole				
15. Was Decease	ed Ever in U. S. Armed Fore	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
Yes	USA 1952-	1954	407=22=9853	Records- US I	PHS Hospital	. Balto. Md.			
18. 44	7 X I		CAUSE OF DEATH		TEO TOODI CAL	APPROXIMATE INTERVAL			
DISE	ASE OR CONDITION DIR	ECTLY				BETWEEN ONSET AND DEATH			
	LEADING TO DEATH		(A) IMMEDIATE CAU	se Cardiac arr	Terminal				
heori foilure	heat foilure, oshenia, etc. Il means the disease								
injury or co	injury or complication which caused death.)								
D	ANTECEDENT CAUSES (8) Right heart hypertrophy								
tise to I	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:								
UNDERLYIN	UNDERLYING CONDITION IOSL (c) Severe pulmonary emphysema								
z	11								
OTHER SIGN	IFICANT CONDITIONS CON	FTERMINAL							
DISEASE OR	CONDITION GIVEN IN PART OF OPERATION 198 CONT	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes of No	20B, IF YES, WERE FIR	NDINGS CONSIDERED			
E 2	WAS PERF	ORMED		yes	IN CERTIFYING CAUS	SES OF DEATH? YES			
U 21A. ACCID	ENT WAS UNDERLYING THE	21B,	PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If In Bollimore	City, give exact location)			
DEATH Inotil	y medical examined	etc.)	of loning locioty, sheet on	ice pings illianti occur.					
OF INJURY	(Month) (Day) (Year)	(Hour 21E,	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
(APPROX.)		Whi	le At Not While						
22. 1 certif	y that (1) (this hospital)	ottended th		DOA 12/11/71	19to	10			
that (I) (we) last saw the decease	d olive on	SOUTH BALTIMO		ot in (my) (our) onini	on death occurred on the date			
ond have a	nd fram the causes state	ed abave. (1)	(We) (did) (did not) vi	ew the body after deoth.	() (oo.) op	on secul occurred by the ddie			
23A. SIGNAT	URE /	2	3R DATE SIGNED						
11 117	V/. Day	es-	Degree Phys.	ding Med.	Staff Phys.	12/13/71			
23 C. PHYSICI	AN'S		D C O NCC	3D. ADDRESS	111/26	, , , , , , , , , , , , , , , , , , , ,			
Vija		. Surge	eon (R)						
	EMATION, 248, DATE	24C. NA	DEGREES	MATORY 24D. LC	CATION (City.	fown, or county) (Stote)			
Geno	tim 12/14/	71 Jan	udan. Park		Bat	Sud			
25A. DATE REC	BY HEALTH DEP	SE NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	Allis:	ADDRESS			
DECT	19/1 Valent	N WEARING	750	Philip to Cit	nol 12111	Lesses and			
VS 150-REV. 1/1	/68			100	and fall L	amount out			

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	C-632 71 11622 BALTIMORE CITY	HEALTH DEPARTMENT	1.400				
	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 71.	11622				
	Type or Print Toseph Cortise (Joseph Lione	2. DATE AND HOUR OF DEATH	-				
			3:20 Pm.				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: A. STATE B. COUNTY	residence before admission)				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland St. Mary	0800				
36	UNIV HOSP.	C. CITY OR TOWN D. INSIDE CITY	_				
20	Croone Sr. Balto Mo	E. STREET AND NUMBER YES	NO				
6		Box 182 A					
mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Und	er 1 Yr. II Under 24 Hrs. Doys Hours Min.				
isn	WIDOWED DIVORCED	11/2 30 41</td <td>Doys Hours Min.</td>	Doys Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1 done during most of working life, even if retired]	11. BIRTHPLACE (Stale or loreign country) 12. CIT	ZEN OF WHAT COUNTRY?				
iti	Ret Naval Ord Stating	Maryland	JS				
200		14. MOTHER'S MAIDEN NAME					
disposition	James & Curtis	Margaret & Curtis					
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) Of yes, give wor or doles of service! SECURITY NO.	17. INFORMANT	ADDRES Maryland				
final	705 212-30-2071	M. Gertrude Curtis Rt.2 Box 182					
0	18. 4/0. 9 1 CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Po	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Callegain					
almed		consequence of	1 day				
ا م	heat failure, asthenia, etc. It means the disease, injury or camplication which caused death.	CONSEQUENCE OF:	,				
E	ANTECEDENT CAUSES MUCC	ardial Inferction	1 days				
are		CONSEQUENCE OF:	***************************************				
	nise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)						
remains	1		***************************************				
E e	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
the	OISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************					
+	WAS PERFORMED WAICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?				
before	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	gr gbout 21 C. WHERE DID	e exact location)				
pe	OR CONTRIBUTING CAUSE OF hame, farm, factory, street, affice of DEATH (notify medical examined)	ce bidg., INJURY OCCUR?					
pe	21D. TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
ained	While At Not While At Not While At Work						
ة	22. 1 certify that (1) (this hospital) attended the deceased fram	328/71 1971 to 12/8	19				
0	that (1) (we) last saw the deceased alive an 12 [8]	19 and that In(my) (aur) opinian dea					
e to	and hour and from the causes stated above. (1) (We) (did) (did not) vie		in occorred an the date				
must	23A. SIGNATURE		E SIGNED				
-	Walturatura Tr. MD DEGREE Phys.	ding Med. Staff Director Phys.	18/21				
approval		D. ADDRESS					
pp	Walt Wlintman DEGREE	UNIV HOSP.					
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	AATORY 24D. LOCATION (City, lown, o	r county) (Stote)				
written	Burial Dec.13,1971 St Josephs Cem		. Maryland				
7	256. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
	DFC 16 1977 Plant & Jacker, 24 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	W. Clarke Mattingley Leonardi	own, Maryland				
	10 10 10 10 10 10 10 10 10 10 10 10 10 1						



IMPORTANT DIRECTOR: FUNERAL

the chief medical examiner

approved

O

assistant

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH gug etermined cause; (5) Deceased Such of death ÷ I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 50 a hospital 3 5 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence attendance CGUSe FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OF TOWN 0 D. INSIDE CITY LIMITS STORPITAL YES prior contributing E. STREET AND NUMBER regular T 5. SEX 6. RACE deceased 7. MARRIED NEVER MARRIED . AGE (In years Il Under 1 Yr. en lost birthdoy N WIDOWED 12 6 DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) disposition 12. CITIZEN OF WHAT COUNTRY? = done during most of working life, even if refired) 0 (4) Und Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME endona LO death kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 6. SOCIAL 17. INFORMANT ADDRESS or final SECURITY NO. attendance dny pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY mbalmed fracture of LEADING TO DEATH ARREST LEMONARY (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: regular heart foilure, asthenio, etc. Il means the diseose, injury or complication which caused death.) ANTECEDENT CAUSES 0 0 are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the Was in physician before the remains UNDERLYING CONDITION last (C). medical burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? Wes Jos No) ð WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF of any nature; (2) where 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) to the hospital MEDICAL DEATH (notify medical examined obtained 21D. TIME (except w (Month) (Doy) (Year) (Houd 21& INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While Al (APPROX) Al Work Work 22. I certify that (1) (this hospitol) attended the deceased from death); that (1) (we) last saw the deceased alive on. pe and that in(my) (our) opinion death occurred on the date hospital was released and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE 238, DATE SIGNED Attending 0 approval \square Phys. Director 8 DEGREE 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS ţ shows: (1) An D.O.A. DEGREE 24A. BURIAL CREMATION, 248. DATE eceased 24C. NAME of CEMETERY of CREMATORY he body (City, town, or county) REMOVAL (Specify) written dis 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR DIRECTOR Jako

NO

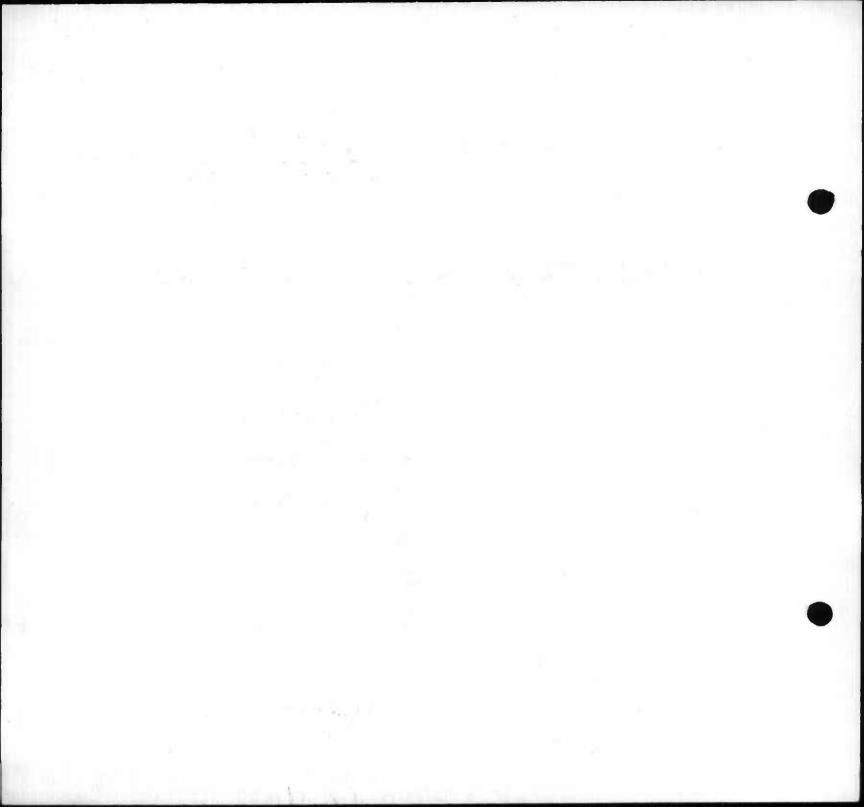
Hours

6

If Under 24 Hrs. Hours : Min.

10

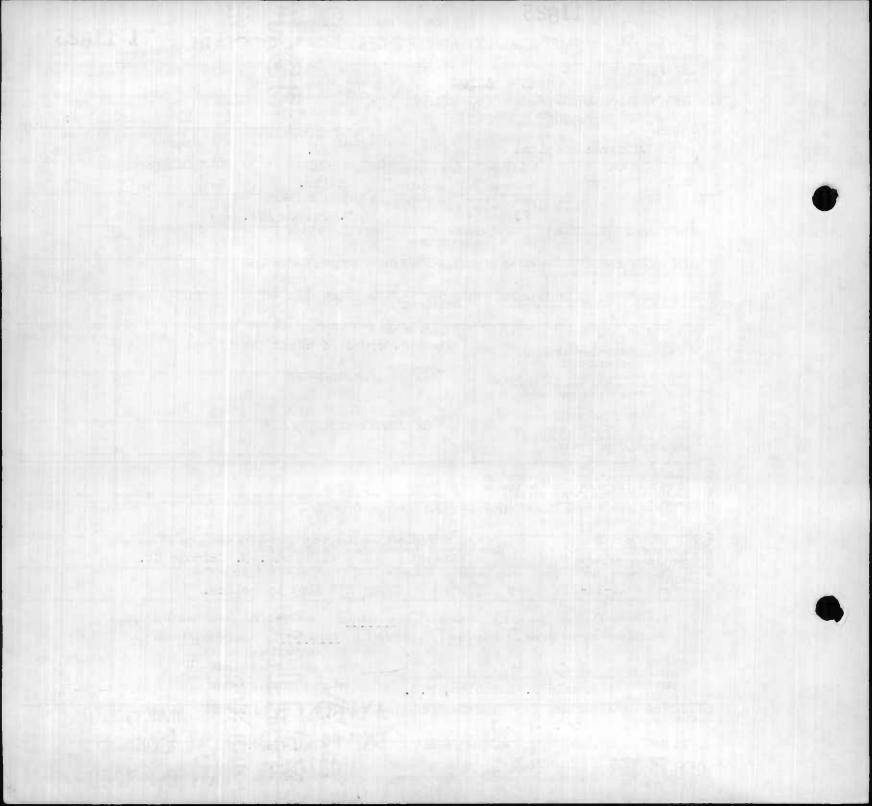
(State)

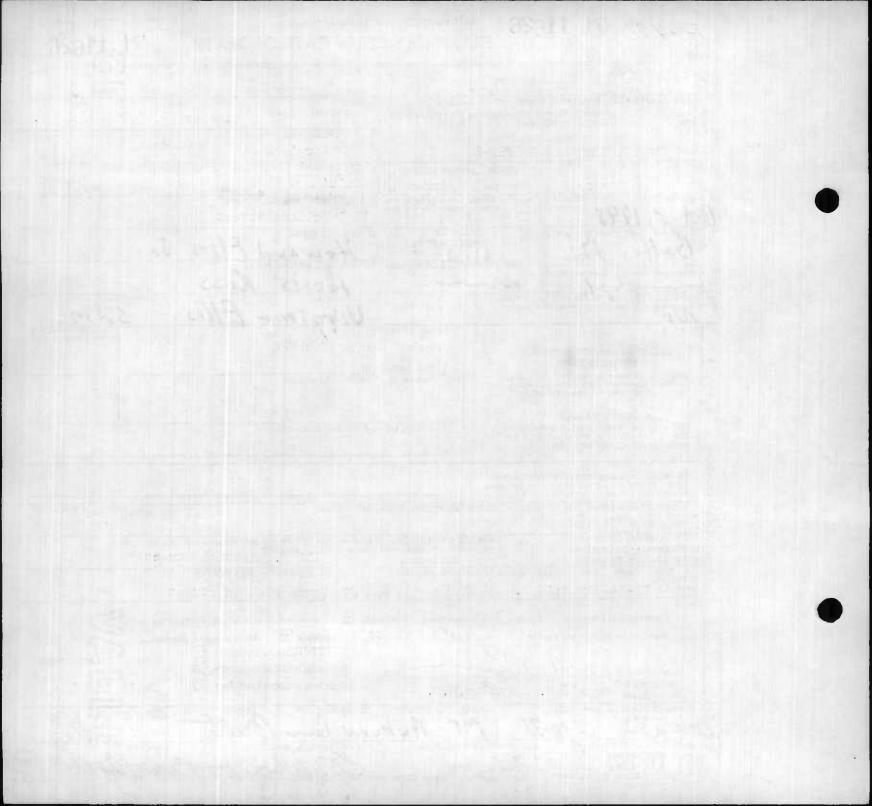


BIE	RTH NO.		MED	ICAL	. [_	AMIITERS	CEKTIF	ICATE	DEAT	REG. NO		T(1) 4	
	NAME OF DEC	EASED					2. DATE	Known 🗍	Manth	Day	Year	Hour	
(Type or Print) Unknown						OF	Estimoted [July				
1	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE	Estimoted E	Manth	Doy	Year	Hour '	
11	L NAME OF							OUNCED DEAD		er 7, 19			
HO	SPITAL	ADDRE	SS OR LOCA	TION)		ON, GIVE STREET	c Memai	DECIDENCE (111				M.	
1	40						A. STATE	RESIDENCE (Whe		B. COUNTY	residence b	petore odmission)	
-	TO SI	. AGNE	S HOSP	ITAL				Unk.			0	0-00	
6.	SEX	7. RACE		B. MARR	IED [NEVER MARRIED	C. CITY C	OR TOWN		D. INSIDE CIT	Y LIMITS?		
F	ema1e	White		WIDOV	VED [DIVORCED	Unk.			YES		NO O	
9.	DATE OF BIRTH	À	10.AGE (In		If Und	der 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER					
			last birthday	55?	MONT	is Days Hours Min.	Unl						
11.	BIRTHPLACE (S	tate or foreig	n cauntry)		12. C	ITIZEN OF	13. FATHE	R'S NAME					
					W	HAT COUNTRY?							
144	USUAL OCCU	PATION (Give	e kind af work	14B. KIND	OF B	USINESS OR INDUSTR	Y 15. MOTH	IER'S MAIDEN N	A ME				
	e during most of w												
1.6	WAS DECEASI	ED EVED IN	II S APMED	FORCES	2 1	17. SOCIAL	1B. INFO	PMANT		ADI	DRESS		
(Ye	s, na or unknown)	(If yes, give w	ar or dates	of service)	SECURITY NO.	10. 1141 0	KIMAIVI		201	JKE33		
	I.o.										1 10	PROXIMATE INTERVAL	
	F 96	8X1				CAUSE OF DEA						EEN ONSET AND DEATH	
	DISEAS	E OR COND	TION DIREC	CTLY		Right (Cerebra	al Infarct	ion				
		LEADING TO				(A)IMMEDIATE	CAUSE						
	(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart follure, osthenia, etc. It means the disease,												
	injury or complication which caused death.)												
	Thrombosis of right internal carotid attery									ry			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST								**************************************				
										9			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED													
Ē	OTHER SIGN	IFICANT CON	II	NITDIRIII	TING								
ူပ္ပဲ	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERM	INAL								
		CONDITION				WHICH OPERATION W	AS DEDECA	MED			21 AUTO	PSY? (Yes or No)	
18	DAIL OI	OI EKA IIOI	1 200. CO	4DIIIOI4	I OK I	WHICH OFERAHOR W	AS PERFOR	(MED			21. 4010	yes	
7	22A. EXTER		1446		000 0		., in or obout 22C. WHERE DID (If in Boltimore City, give exac						
 ∑	UNDERLYING	NAL CAUSE				form, factory, street, officers,		INJURY OCCUR?		e City, give exac	location)	00	
EDIC	UTING CA	USE OF DEA	TH.			Unknown		Found in			0	00	
2	OF INTITION		oy) (Year		1	E. INJURY OCCURRED		22F. HOW DID I	NJURY OCCU	JR?			
	(APPROX.)	7-15-71	U	nk.	m. W	ORK NO	WHILE WORK	Beaten					
	23.			_					1000				
	1 cert	ify that I he	eld an li	nquiry L		Inspection Au	tapsy X	and that an	this basis,	death in my o	pinion		
	result	red fram: N	otyral cau	ses 🗌	Ac	cident Suici	de 🗌	Homicide 🔀	Undetermin	ned manner]		
1) 11111.1							CHIEF MEDICAL	EXAMINER			DATE CICALED		
	ACTUAL		relat	V	K	nel C	AS	SISTANT MEDICA	LEXAMINER	×		DATE SIGNED	
	SIGNATU	FR'S	Rona 1d	N. K	Corr	nb1um,M.D.	ASS	SOCIATE MEDICA	LEXAMINER		12	2/2/71	
	NAME (T		2101101 10			10 1011, 11, 2	NI A TELO					., -,	
	A BURIAL CREA		4B. DATE		240	. NAME of CEMETERY	A RIMA	JANY BUZA	OCALON	AT SATISTAY	r gully	(Stote)	
RE	MOVAL (Specif	(V)	17.1	2-7	1	-					-47.44.11		
25	A, DATE REC'D	RV HEATTH	DEDT	250 A	IA AAE	OF REGISTRAR	HYLY	PHOTES A DUES	EDICA	SCA	106		
23	A, DATE REC D	OF DEALIN L	7		AME	OF REGISTRAK	250	PARAL DIREC	NORT I WIT	B BEM	3.00		
	EG 16	371 00	Be A E	Yala	240	Ac h	N	LUKTUAT	CY SE	RVICE	RC		
1//				A	1	11/4-					500	Table 1	

 BALTIMORE CITY HEALTH DEPARTMENT

H-423	MEDICAL	EXAMINER'S		F DEAT	H REG. NO.	71. 11	1625	
I. NAME OF DECEASED (Type or Print)	CHARLES	ALSTON	2. DATE Known DF DEATH Estimated	Month	Doy	Year	Hour M.	
HOSPITAL ADDRESS		RONOUNCED DEAD TITUTION, GIVE STREET	3. DATE PRONOUNCED DEAD	Month 11	27	Yeor 1971	9:25 P M.	
Lutheran	Hospital		A. STATE Md.	ere deceosed l	B. COUNTY	n: residence l	before odmission)	
male 7. RACE negro	8- MARE WIDOV	HED NEVER MARRIED DIVORCED DIVORCED	Balto.		D. INSIDE C		NO 🗆	
9. DATE OF BIRTH	O. AGE (In years ost birthdoy) 23	If Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.	N. Fulton A		017			
II. BIRTHPLACE (State or foreign of		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME					
14A.USUAL OCCUPATION (Give ki done during most of working life, even	nd of work 14B. KINE if reilred)	OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN N	IAME				
16. WAS DECEASED EVER IN U.S (Yes, no or unknown) (If yes, give wor			18. INFORMANT		A	DDRESS		
DISEASE OR CONDITION LEADING TO D (This does not meen the meent lollure, osthenio, etc. it injury or complication which complication which complication which complication which complication with the complete of the complete o	EATH ode of dying, e.g., meons the disease, coused deoth.) AUSES IS, IF ANY, GIVING E (A) STATING THE N LAST. ITIONS CONTRIBUTED TO THE TERM	(A) IMMEDIATE DUE TO, OR (B) DUE TO, OR (C) TING	AS A CONSEQUENCE OF:	(back)			WEEN ONSET AND DEATH	
20A. DATE OF OPERATION		FOR WHICH OPERATION W			AUTOPSY? (Yes or No) yes			
22A. EXTERNAL CAUSE WAS UNDERLYING NO CONTRIB- UTING CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., In or obout 122C. WHERE DID (if in Boltimore City, give exact location) home, farm, factory, street, olike bldg., etc.) Street 1100 blk. N. Gilmore St. 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? Shot by police.								
NAME (Type)	nald N. Ko. DATE 258. N	Accident Suicident Suicide		Undeterm AL EXAMINER AL EXAMINER	death in my ined manner		DATE SIGNED -28-71 (Stote)	
OFC T8 15/1 02 VS 151-REV, 1/1/68	Best E. Fai	Ben K. D.	MORTUAR	Y SER	VICE -	BCH	D	





1	1 -0 - 74 44027 BALTIMON	RE CITY HEALTH DEPARTMENT						
56 6 5 d	-525 71 11627 CERTIF	CERTIFICATE OF DEATH REG. NO. 71 11627						
of death of death Deceased e on the	1. NAME OF DECEASED (Type or Print) Ida Johnson	2. DATE AND HOUR OF DEATH 12/15/71 7:30 a M.						
SS (SS)	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE HOSPITAL OR ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY						
cau se; end to	George Washington Nursing Home	Baltimore YES X NO						
e + p - d e	606 Pennsylvania Avenue Baltimore, Maryland 21201	529 Wildwood Parkway						
occurribu ontribu ermine regula eased is mad	5. SEX 6. RACE 7. MARRIED NEVER MARRI Fehale, Negro WIDOWED DIVORC	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.						
control contro	IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN done during most of working life, even it retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
de Cr	Domestic Domestic	Nashville, N. Carolina United States 14. MOTHER'S MAIDEN NAME						
directed; (4) ath won the	John Howard 15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	ROS a 17. INFORMANT AT D. ADDRESS						
ssistan the d kind; death nce or final d	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO 242 - 14	Moses Burton 25 N. Catherine St.						
caminer or his assaminer. Also, if the fracture of any who pronounced regular attendante embalmed or fi	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g.,							
	heart foilure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE TO	, OR AS A CONSEQUENCE OF:						
ical extal e	rise to the obove cause (A) stating the UNDERLYING CONDITION lost. (C)							
died S X E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
by a mee 2) Body bu re the phy physician fore the re	194 DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
+= 000	OR CONTRIBUTING CAUSE OF home, farm, foctory, and DEATH (notify medical examiner)	RY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) street, office bidg., INJURY OCCUR?						
ved b hosp nature ept v d (6)	OF INJURY (APPROX.) ODO (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR White At Work	Not While At Work						
approto the fany [(exc	22. I certify that (I) (this hospital) attended the deceased from the (I) we) lost saw the deceased alive on	19 to 19 19 19 19 19 19 19 19 19 19 19 19 19						
dent o	ond hour and from the couses stated obove (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Phys. Attending Phys. Director Phys.							
0 - 0 - 5	23 d. Physician's NAME (Type) Dr. Richard Tyson M.D.	Paltimore Maryland 21217						
	24A. BURIAL CREMATION, PEMOVAL (Specify) 24B. DATE 24C. NAME of CEMETER	Y of CREMATORY 24D. LOCATION (City, town, or county) (State)						
This certif the body shows: (1) was D.O./ deceased written a	Burial 12-18-71 Mt. Auburn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR V. Bailey ADDRESS						
* # # 3 # 3	DEC 18 197 Wallet & Salley M. B.	Kelson F.H. 1348 Calhoun Street						

reist auf a result tam train Comment of the Vigernia Good . - 11 00 11 oldi oru, erilen elel 47 conville, . . versling united states william C mildentifica 7 ... (: 116

212-11-123- JI.FC

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occurred in a hospital and shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) contributing cause deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made. death was in regular approved by the chief medical examiner or his assistant if death if the direct or IMPORTANT pronounced A SO. FUNERAL DIRECTOR: examiner. was D.O.A. at a hospital (except where the physician who prodeceased prior to death); and (6) No physician was in regular the body was released to the hospital by a medical

This certificate must be

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

6 HEALTH

12/

DEPT,

Oaklawn

Burial

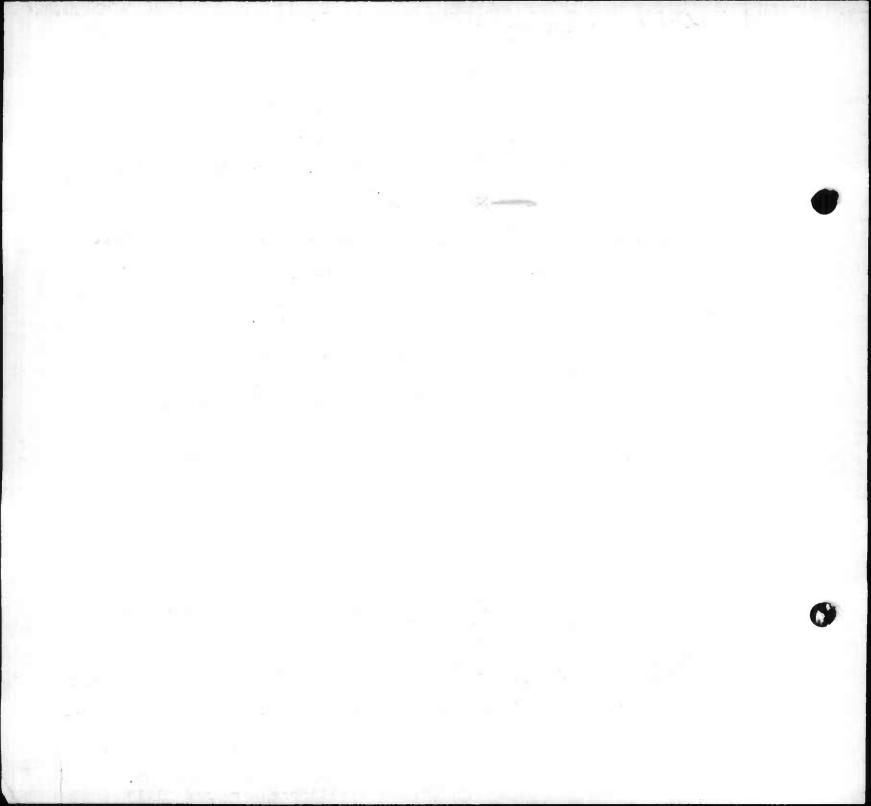
VS 150-REV. 1/1/68

of death Deceased

attendance on the prior to death. Such

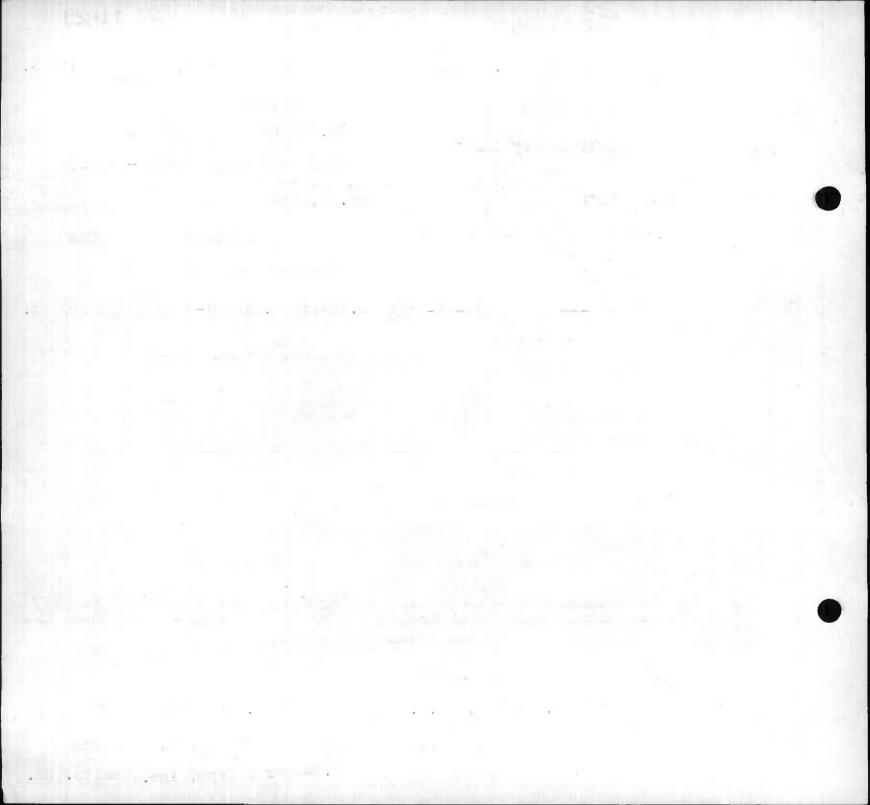
	Id (16) BALTIMO	RE CITY HEALT	H DEPARTMENT		
1	H-/60 71 11628 CERTI	FICATE O	OF DEATH	REG. NO. 7	1 11628
	I. NAME OF DECEASED (Type or Pont)		2. DATE A	ND HOUR OF DEATH	28
	MINERVA HOOVER		12/1	2/7/	1823 A M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STA	TE B. COU	ere deceased lived. Il in: NTY	stitution: residence before admission)
П	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRI ADDRESS OR LOCATION)	EET Mg	ryland ortown	D. INSII	DE CITY LIMITS?
H	GRANADA NUNSING Home		ltimore		YES NO
1	4017 Liberty Highs Are	- 00	ET AND NUMBER		
15	5. SEX 6. RACE 7. MARRIED AFFICE MARRIED		OF BIRTH	erson Park	
	MARKIED NEVER MARK	ED 3-	15-89	9. AGE (In years lost birthday)	Months Doys Hours Min.
d	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN done during most of working life, even if retired)	DUSTRY 11. BIRT	HPLACE (Stota ar fore	eign country)	12 CITIZEN OF WHAT COUNTRY?
	Housewife	Wes	t Virgini	. 8	USA
11	3. FATHER'S NAME		THER'S MAIDEN NA		
	JoMnathen Blizzard		Virginia	Radar	
le	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war ar dotas af service) 16. SOCIAL SECURITY NO	17. INFO	3123	Cresson A	Ave, 21207
	no	Mr		. Robertso	
	18. 4/2.3 CAUSE OF	DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Brown	The freum	conse	DET WEEK ONSET AND DEATH
	(This does not man the made of dying, e.g., (A) IMMEDI	OR AS A CONSE	1/	······································	**********
	heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused doubt.)	1 , 0.	1 - 0/-		
	ANTECEDENT CAUSES	Henre Ste	Erslie Hear	l Doseas	2
	DISEASES OR CONDITIONS, if any, giving DUE TO	OR AS A CONS	EQUENCE OF:		*******************************
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)				
1.	- 11				
10124	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INJUR	*****		***************************************	
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	N 20A.	AUTOPSY? (Yas or No	208. IF YES, WERE FI	INDINGS CONSIDERED
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR		NO		
ш	OR CONTRIBUTING CAUSE OF DEATH (natify medical examined) 21D. TIME (Manth) (Doy) (Yeor) (Hour) 21E INJURY OCCURR While A	treet, affice bldg.	INJURY OCCUR?	(If In Boltimore	City, give exoct location)
	21D.TIME (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURR	ED	21F. HOW DID INJ	URY OCCUR?	
	- I(Approx)	ot White	4		
	22. I certify that (1) (this hospital) attended the deceased from	3/18	/24	19ta/2/	12/7/ 19
-	that (1) (we) lost saw the deceased alive an 12/12/7	15	•		ian death accurred on the date
	and hour and fram the causes stated above. (1) (We) (did) (did	nat) view the	bady after death.		
	23ASIGNATURE	Attending	Med.	Staff [7]	238, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	23D. ADD		Phys. 🔲	1.0/1

ADDRESS 180 DEGREE 24C. NAME of CEMETERY OF CREMATORY (City, Baltimore Maryland 25C. FUNERAL DIRECTOR ADDRESS Sender & Henry Sons Inc. Maryland



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

				BALTIMORE CITY	HEALTH DEPARTME	NT	74	44,000	
BIR	-520 TH NO.	71 11(529	CERTIFICA	TE OF DEAT	TH REG.	NO	11629	
	AME OF DECI				T	ATE AND HOUR OF			
		ANN	-	DIMICK		ecember 1		1 9:30	A.M.
3. 1	LACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	COUNTY	red. II institutio	n: residence before ad	mission)
FU	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Mary	land		101	
INS	SPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?	
1	500	000C W-E33-			Baltimo		YES	X NO	
C	10.	3025 McElde	rry St	reet	E. STREET AND NUM				
			TE			Elderry S			
S. S		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye lost birthdoy)	ors If U	nder 1 Yr. If Under	24 Hrs. Min.
	Female		WIDOWED		Dec. 27, 188	4 87			
		JPATION (Give kind of worl working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. 0	CITIZEN OF WHAT CO	DUNTRY?
	Housev	vife				Marylan	d	USA	
13.	FATHER'S NAM	ΛE	1		14. MOTHER'S MAIDE				7-14
	Danie	el Rau			Rebecc	a Babett	a Petr	of	
15.	Nos Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT	a Babaa		ADDRESS	
(Yes		(If yes, give wor or date	es of service)	SECURITY NO.	16 712		2025 11		
	No	bed hed and	2	14-20-9313	Mr. Edward	S.Dimick-	3025 M	CElderry	St.
	18. 4 3/	. 7 1		CAUSE OF DEAT	п			BETWEEN ONSET AN	
		E OR CONDITION DI LEADING TO DEATH	RECTLY		0. 0.	0 (1)	1	2 das	UN
		ol mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	JSE Cerebral A CONSEQUENCE OF: Cerebral C	Temmer	nage	3 000	1
		osthenio, etc. It meons		DOL 10, OK AS	A CONSEQUENCE OF.			2	
					C- D. OC	Variable		1 /,	
		ANTECEDENT CAUSES		[8]		neno			
		R CONDITIONS, if obove couse (A)		DUE TO, OR AS	A CONSEQUENCE OF:				
		CONDITION lost.	oraning into	(c)					
		11							
ATION		CANT CONDITIONS CO							
	DISEASE OR C	H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	RT 1 (A).						
CERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Ye	s or No) 20B, IF YES, IN CERTIFY	NERE FINDIN	IGS CONSIDERED OF DEATH?	
ERT	0				NO				
CALC	OR CONTRIBU	TING CAUSE OF medical examiner	J 218 horr etc.	h.PLACE OF INJURY (e.g., ine, lorm, foctory, street, o	ffice bidg., INJURY OCC	DID (If in	Boltimore City,	give exact location)	
	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?			
×	(APPROX.)			ite At Not Whil	e				
			Wo		7		2	15	7
	22. I certify	that (1) (this haspita	l) attended t	he deceased fram	rept 3	0 1969 to	100	-1 23 19	//
	thot (I) (week	last sow the deceose	ed olive on	Dec. 13	19.71	ond that in (my) (wc) opinion d	leath occurred on t	the dote
	and hour ond	from the couses sto	ted obove. (1) (We) (did) (did not) v	riew the body ofter d	leoth.			
	23A. SIGNATU	RE	_	1			23 B. C	DATE SIGNED	,
	Xo	ruis 2. K.O.		MAD Atte	mding Med. Director	Staff Phys.		14151	71
	23C. PHYSICIA		inex	DEGREE	23D. ADDRESS				-
	NAME (T		Klime	e M D	262	2 F Manu	mont G	twoot	
24A	. BURIAL CRE/			M.D. DEGREE	262	3 E. Monu	ment S		(Stote)
	REMOVAL (S	ipecify)	240.14	THE OF CENTERENT OF CR	ATTENDED TO				(31016)
	Burial			altimore Ce			ore, Ma	aryland	
25A	DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DI			ADDRESS	
	FUID	DI Valent, E	- Marion	ACD.	n. sand	er & Sons	, Inc.	, Balto.,1	Md.
VS	150-REV. 1/1/6	В			6 0 2.	5			



24C. NAME of CEMETERY or CREMATORY

25B. NAME OF REGISTRAR

24D. LOCATION

256 FUNERAL DIRECTOR

(City, town or county)

ADDRESS

(Stote)

24A. BURIAL CREMATION,

DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

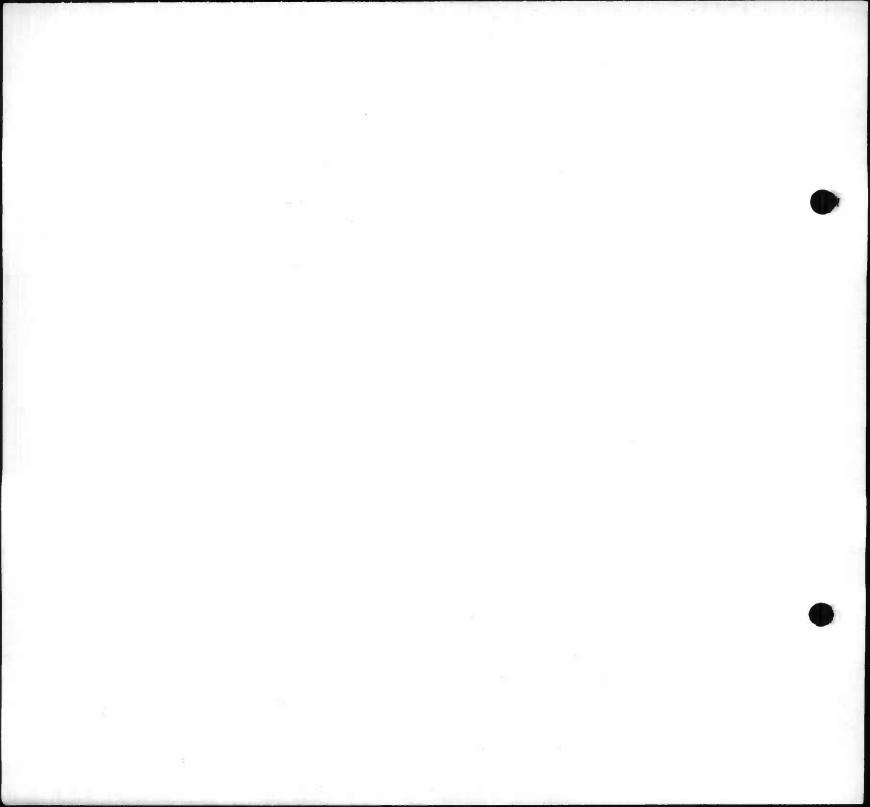
VS 151-REV, 1/1/6B

24B. DAJE

2361/6/11 H GH CH WATER AT ST JAMES L STOP BIGHT Whilesther A.C. BH Jest Bettlehen The Minnie Greenst YES ISSUE STREETHER HERELY ISTR GROSNICK Q. W. County The. Brown 1 10/18/14 mil Californy

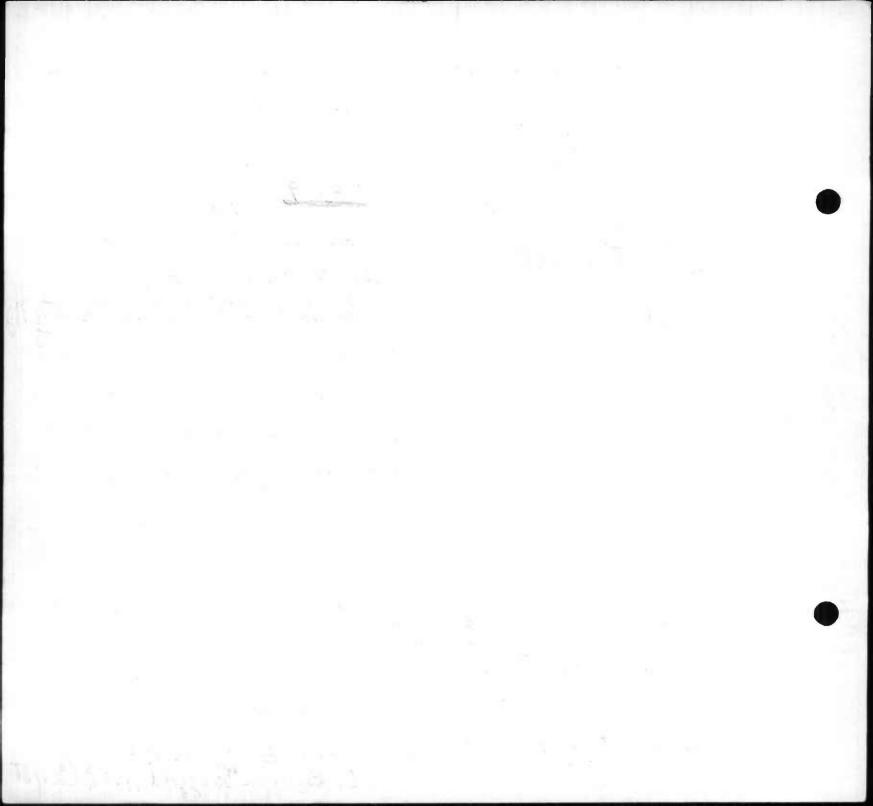
approved by the chief medical examiner or his assistant if death order or his assistant in a house of the chief	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital fexcent where the physician who pronounced death was in regular goods.	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	are embalmed or final disposition is made.
This certificate must be approved by the chief medical	the body was released to the hospital by a medical	shows: (1) An accident of any nature; (2) Body burns; (was D.O.A. at a hospital (except where the physician	deceased prior to death); and (6) No physician was i	Written approval must be obtained before the remains are embalmed or final disposition is made.

P-300 71 11631	ALTIMORE CITY H	HEALTH DEPARTMENT			
BIRTH NO.	ERTIFICAT	E OF DEATH	REG. NO. 71 1	1631	
I.NAME OF DECEASED			NO HOUR OF DEATH	7001	
L PHODY, MARIE		DEC	.11 1971	1 220 P. M.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	L USUAL RESIDENCE (Whe	ere deceased lived. If institutions	residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, OF ADDRESS OR LOCATION)		MARYLAND.		103	
BOLTON HILL NURSING HOME		C. CITY OR TOWN	D. INSIDE CITY		
1400 JOHN STREET	1	E. STREET AND NUMBER	YES [NO	
BALTIMORE, MARY LAND 7	21217	725 GEOR	GE ST. APT.	78	
5. SEX 6. RACE 7. MARRIED NEVI		DATE OF BIRTH	9. AGE (In years II Undest birthday) Month	der 1 Yt. II Under 24 Hrs.	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE	BIVORCED 1	1/12/96	75 YRS		
done during most of working life, even if retired)	SS OK INDUSTRY IT	. BIRTHPLACE (Stote or lore	ign country) 12. Cl	TIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		BALTIMORE	? U.S.A.	USA.	
	1.4	MOTHER'S MAIDEN NA	ME		
15. Was Deceased Eyer In U. S. Armed Forces? 16, SOC	IAI 12	UNKNO INFORMANT	NWN	400000	
(Yes, no or unknown) (If yos, give war at dates of sorvice) SEC	URITY NO.		0	ADDRESS	
	NE OF DEATH	ADMISSION	RECORD	BOLTON HILL	
DISEASE OR CONDITION DIRECTLY	TOTAL OF BEATTI	N .	Ži.	BETWEEN ONSET AND DEATH	
LEADING TO DEATH	A)IMMEDIATE CAUSE	(achiac l	crest	Sudden	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A C	ONSEQUENCE OF:	A	>	
injury or complication which caused death.) ANTECEDENT CAUSES	A 5	S. C. V. Direans			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A	CONSEQUENCE OF:		***************************************	
TIMOEDI VIMO COMPLETON I					
11	:)	//			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	CY.	Bu	Risere	7	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	- u	- 10 raca			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OP OPERATION 1798. CONDITION FOR WHICH OWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 17 218 PLACE OF	PERATION	20A. AUTOPSYLAYOS OF No	1) 20% IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?	
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE COR CONTRIBUTING CAUSE OF home, form,	OF INJURY (e.g., in o	r obout 21 C. WHERE DID	(If in Balilmare City, g	Ive exact location)	
DEATH (notify medical examined etc.)	lactory, street, office	bidg., INJURY OCCUR?			
DEATH (notify medical examined etc.) DEATH (notify medical examined etc.) 21D-TIME (Manth) (Doy) (Yeor) (Haur) 21E INJURY White A:	OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX) While At Wark	Not While L		/		
22. 1 certify that (1) (this haspital) attended the decea	sed from	9/24/71	19to///2<	19.7/	
that (1) (we) last saw the deceased alive an	11/29		at In (my) (our) opinion de	ath occurred on the date	
and hour and from the causes-stated above. (1) (We) (d	iid) (did not) viev	v the bady after death.			
23A. SIGNATURE	Attendi			TE SIGNED	
23C. PHYSICIAN'S	DEGREE Phys.	Director L	Shaff Phys.	2/14///	
NAME (Type) JOSEPH S. IDL	MD 230	ADDRESS	(ALCERT S	1	
24A- BURIAL CREMATION, 124B- DATE 124C NAME OF C	DEGREE EMETERY OF CREMA	TORY 240 1	- FI - CATION (C:- (-		
REMOVAL (Specify)			OCATION (City, town,	or county) (Stote)	
BUT181 12/18/71 Mt A 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST		metry Ba	altimore, Md	ADDRESS	
DEC 18 1971 Palate E Jabon MD	03 0 0	Adolphus	Halstead 1206		
VS 150-KEV. 1/1/68		7.0010100	TIGTOREGG TVOC	w north Ave	



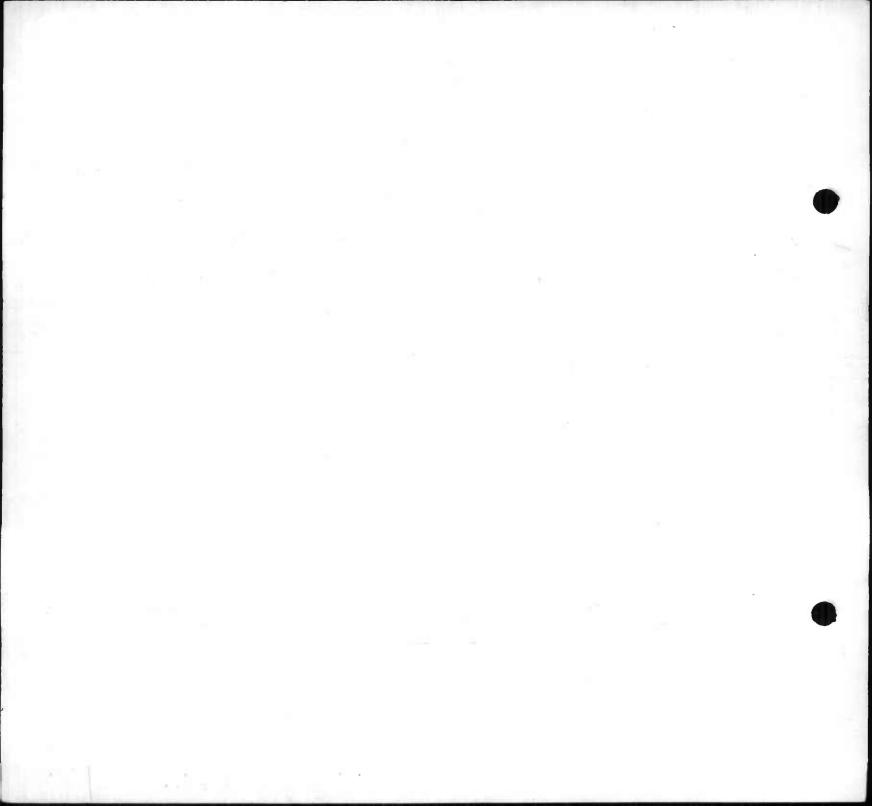
VS 150-REV. 1/1/68

	71 11632		HEALTH DEPARTMENT	REG. NO. 1. 1.1	632
	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	.130.0
	(Type or Print) NANCY DO 66ET	7	12	ND HOUR OF DEATH 2-/2-7/	1 9 A M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	1 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		residence belore admission)
	FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	C. CITY OR JOWN		1703
	INSTITUTION MT SINHI IN URSING 1 4613 PARK HET-	s top	BALTIME	D. INSIDE CITY	,
	BALTS MO	21215	E. STREET AND NUMBER	OHIN ST.	
	5. SEX 6. RACE 7. MARRIED NO	DIVORCED	200	70	der 1 Yr. If Under 24 Hrs. S Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUS done during most of working life, evan if refired)	INESS OR INDUSTRY	11. BIRTHPLACE (State of lare	ign country) 12. Cl	TIZEN OF WHAT COUNTRY?
	13. FATHER SNAME		14. MOTHER'S MAIDEN NA	RE Md	USH
	John Baller		MARY AN	NIE JACK	KSON
		SOCIAL SECURITY NO.	Hohm Bar	rett alla	ADDRESS City Y
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAUS	cho-preuma	minal	5 days
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:		
	ANTECEDENT CAUSES		ral Mone	resis	4 mosts
	DISEASES OR CONDITIONS, il any, giving ise la the above cause (A) staling the	DUE TO, OR AS	CONSEQUENCE OF:	ery Deeres	1 year
	UNDERLYING CONDITION last	(c)			<u> </u>
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	mpilate	on left by	togongen	2 months
	19A-DATE OF OPERATION 19R CONDITION FOR WHICH	H OPERATION	20 A. AUTOPSY? (Yes or No.	208, IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
		CE OF INJURY (e.g., in m, foctory, street, offi	or about 21C. WHERE DID	(If in Baltimare City, gi	ve exact location)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJU (APPROX.) While At		21F. HOW DID INJU	URY OCCUR?	
	22. I certify that (I) (this hospital) attended the de	At Work	ev 2 1	971 to 1)24	/7 10.7/
	that (1) (we) last saw the deceased alive an	OLC 12	19 <u>7/</u> and the	ot in(my) (our) opinion dec	ath accurred on the date
	and have and from the causes stated above. (1) (We	did) (did n at) vic	w the bady after death.		
	Thanuel Leura	Attended Phys.	ding Med.	Shuff 23B, DA	EC 12/71
	PANUEL LEVIN	1 14-0	D. ADDRESS PARK H	GTS AVE BA	LTO MD 2/2/5
2	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	OF CEMETERY OF CREM	ATORY 1 24D. LO	CATION (City, town,	ar county) (State)
2	5A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REC	tus Mem	25C. FUNERAL DIRECTOR	Sathan Ma	4
	DEC 16 1971 Vale & E. Jabe		7 Brun	ks Benggold	1443 M. Care/31



DEC 16 VS 150-REV. 1/1/68

1	G-6/2 71 11633 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 71 11633								
t p e t	BIRTH NO. 71 11633 CERTIFICATE OF DEATH REG. NO. 71 11633								
of death Deceased e on the 1th. Such	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH 12-14-71 9.35 May de D. 12-14-71 9.35 M.								
of De Of ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY								
cause o se; (5) D andance to deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C.CITY OR TOWN D. INSIDE CITY LIMITS?								
B + 10	Dukeland Nursing tome Baltimore YES NO								
	5303 Benton Heights Avenue								
ntrib rmin egul ased s ma	F White WIDOWED DIVORCED 4/7/89 lost birthday 82 Manths Days Hours Min.								
in dec	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) HOMEMAKER OWN HOME BACTO. Md. United States								
+ D 0 0 0	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME								
S S S	WILLIAM S. STRIDER ELEANOR HARTMAN 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS 47								
he ded	(Yes, no or unknown) (If yes, give war ar dates at service) 16. SOCIAL SECURITY NO. 26. 16. 4753 Futty organ - Sukeland Runsung								
	18. 4/2, 41 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
er. Also, if cture of any pronounced lar attenda ibalmed or	DISEASE ON CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE A S C V D								
actur pror ular mbal	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)								
in the second	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:								
(3) A an w in r	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: inse to the above couse (A) stating the UNDERLYING CONDITION last. (C)								
edical e burns; (3 hysician n was ir remains	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
E>COO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISFASE OR CONDITION GIVEN IN PART 1 (A)								
P O Sist	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?								
12 a d d	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Ballimore City, give exoct lacotion) or CONTRIBUTING CAUSE OF hame, form, factory, street, office bidg., INJURY OCCUR?								
d > C p	21D. TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (APPROX.) While At Not While								
0 7 3 5 5	22. I certify that (1) (this hospital) attended the deceased from 3/2.5 19.7/ to 12/14 19.7/								
of any of any ral (ex rh); a	that (1) (we) lost sow the deceased alive on 12/1/ 19 7/ and that in (my) (our) opinion death occurred on the date								
ident of ident of hospital o death) I must be	ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE								
released accident a hospit or to dea	August — M. I. — C. II.								
y was released to th (1) An accident of any 5.A. at a hospital (ex ad prior to death); a approval must be ob	NAME (Type)								
7. W (1) W (2) W (PHILLIP 6. B. BYRD JV. MD DEGREE 2707 HANSON AVE. BALTU, MD. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. Igwn., or county) (Stote)								
the body v shows: (1) was D.O.A deceased written ap	Burial 12-17-71 New Cathedral Cemetery Baltimore, Maryland								
sho wa	DEC 16 ST Research AD REGISTRAR H.W. Jenking Sons Co. 4905 York Rd. Baltimore, Md. 21212								

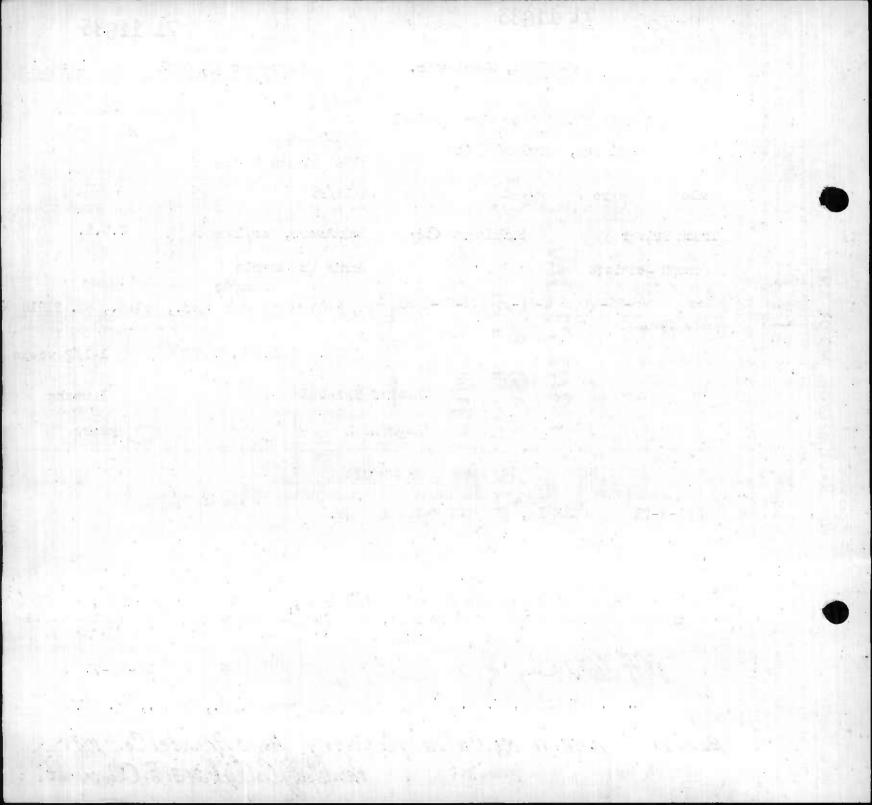


Property Property	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO.71. 11634	V						
dea dea seas n +	1. NAME OF DECEASED (Type or Print)	100						
of of the Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lifed, If institution, residence below). A. STATE B. COUNTY	ore admission)						
cause of cause; (5) De endance to death	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR YOWN D. INSIDE CITY LIMITS?							
ing ing after rior	JOHNS HOPKINS HOSPITAL BALTIMORE E. STREET AND NUMBER 5364 CUTHBERT AVE							
- 200 D	E CON INC.	Under 24 Hrs.						
occur ontrib ermin regul eased is ma	FEMALE VEGRO WIDOWED DIVORCED 0/12//1	rs Min.						
モッなーの日	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WH.	AT COUNTRY?						
if deat ect or t) Unde was in the de positio	13. FATHER'S NAME NONE BaltIMORE, Md.							
2 2	Charles Pompey POMBEY, CHERYL							
istant he dir kind; (death ce on nal dii	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS							
8 + 1 = = =	NO NONE Chery/Pompey 5344 Cuth hert A	due.						
Also, if Also, if ounced attendan	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMA BETWEEN ONS	TE INTERVAL						
	LEADING TO DEATH (This does not mean the means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE INTO HIS CORRESPONDING OF TO THE PROPERTY OF THE							
oror dar bal								
fra fra		6						
wh wh are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the							
cal s; (3 s; ian is ir	UNDERLYING CONDITION (ast. (C)							
medical burns; hysicia in was remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A).							
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198. CONDITION FOR WHICH OPERATION [20A.AUTOPSY? (Yes or No.)] 20B. IF YES, WERE FINDINGS CONSIDERE							
五00万2十	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	D						
tal by s; (2) B here t here t before	OR CONTRIBUTING CAUSE OF home, farm, fociory, street, office bidg., INJURY OCCUR?	on)						
	Q 21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR?							
oved be hosp raturately wide (6) tained	While At Work At Work							
SONACE	22. I certify that (I) (this hospital) attended the deceased fram DQC (2 19 71 ta Dec. 14	19 7						
of o	that (1) (we) last saw the deceased alive on	an the date						
dent dent deat deat must	and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE							
	Attending Med. Stoff Director Phys.	7,						
0 - 0 - >	DR. PHYSICIANS 23D. ADDRESS JOHNS HOPKINS HOSPITAL	<i>6-1</i>						
Mar 100 Mar 1	24A- BURIAL CREMATION, 124R, DATE 124C, NAME of CRASTERY of CRASTE	154a.1-1						
L 70 0 0	REMOVAL (Specify) REMOVAL (Specify) 240. LOCATION (City, town, or county) BUY 12 1 12-17-71 M+ (2/12/2016) REMOVAL (Specify) 240. LOCATION (City, town, or county)	(Stote)						
This cer the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G FUNERAL DIRECTOR ADDRESS	IKA"						
	VS 150-REV. 1/1/68 El Section A.D. Kandalghoy Carllet 243/ E. Olive	270 St.						

The same printed and the first Section Section

death sased n the Such	
se of (5) Dec	
in a hig cause; (ause; or to	
ributin nined o gular e ed pri	
or control	
direct (4) University (4) University disposi	
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	
Also, re of ar nounce attend	
miner. fractu ho pro egular	
cal exa al exa s; (3) A ian w is in r	
medic medic ly burn physic cian wo	
the chief by a (2) Bod sre the physic efore the	
hospita ature; pt whe (6) No ined be	
approv to the I f any n II (exce I); and	
eased ident o hospita o death must b	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	
body ws: (1) s D.O.A eased	
Thi the sho wa dec	

BIRTH NO.	52 71 1	163	CERTII		TE OF D		REG. NO.	71 1	1635	
I. NAME OF DE	CEASED					2. DATE A	ND HOUR OF DEAT	H		
(Type or Print)	JEN	NINGS.	Charles Sr.			Dece	mber 15, 19	71	12:45 Am	
	ALTIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD			B. COU	ere deceased lived. If NTY	institution:	residence befare admission)	
HOSPITAL OR	Veterans Adm	ATION)	ISTITUTION, GIVE STRE	EET ÷a3	Maryla:		In th	ISIDE CITY	HMITS?	
INSTITUTION	3900 Loch R	amen E	griou noshr	Ud.L				YES X		
25	Baltimore, Maryland 21218					Baltimore E. STREET AND NUMBER 1702 Linden Avenue				
S. SEX	6. RACE	7. MADE	NED TO MENTER MADE	450	B. DATE OF BIR		9. AGE (In years	If Und	er 1 Yr., If Under 24 Hrs.	
Male	Negro	WIDO	WED DIVORC	ED 📗	1/11/26		lost birthday 45	Months	Days Hours Min.	
	CUPATION (Give kind of wo of working life, even if retired		D OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE	(State or for	eign country)	12. CIT	IZEN OF WHAT COUNTRY	
Truck Dr	river		rniture Co		Baltimo				U.S.A.	
	Jennings		19		Annie N					
15. Was Decease (Yes, no or unknown	ed Ever in U.S. Armed F vn)[(If yes, give war ar da	tes of serv			17. INFORMANT	R	ecords		ADDRESS	
Yes	6-25-43 to	4-25-1	16 213-28-17	//	AH. 3900	Loch	Raven Blvd.	. Balt	to., Md. 21218	
18.30.	3.91		CAUSE OF						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISE	ASE OF CONDITION D								11 11 12 13 1	
(This does	not meen the mode of		e.g., (A)IMMED	IATE CAU	SE RENAI		JRE, UREMI	A	1-1/2 week	
heart failure	e, osthenio, etc. It meon omplication which cause	s the dise), OK A3 A	CONSEQUENCE	OF:				
	ANTECEDENT CAUSE		100	PATI	IC FAILURE			3 weeks		
DISEASES	OR CONDITIONS, if		ving (B)	O, OR AS	S A CONSEQUENCE OF:					
rise lo	the obove couse (A NG CONDITION last.			COHO					years	
_	-11									
TO THE DE	IFICANT CONDITIONS COATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMIN		NEUM	ONIA					
U 19A. DATE (OF OPERATION 198. CO		OR WHICH OPERATIO	N	20A. AUTOPS	Y? (Yes or N	O) 208. IF YES, WER	E FINDING	S CONSIDERED	
112-4-	-71 URE	MIA,	HEPATIC FAI							
OR CONTRI	BUTING CAUSE OF		21B PLACE OF INJUI home, form, foctory, etc.)	RY (e.g., in street, off	or obout 21 C. W	HERE DID	(If In Baltim	nore City, gi	ve exact lacotion)	
0 21 D. TIME	(Manth) (Day) (Year) (Haur)	21E. INJURY OCCUR	RED	21F. H	OW DID IN	JURY OCCUR?			
21D. TIME OF INJURY	-		While At	Nat While At Wark						
22	y that 🕉 (this haspite	-1\ -44			arrawham 1	7	10 77 . De	aamha	w 16 10 71	
						_			-	
	nd from the causes st							pinion de	oth accurred on the date	
23A. SIGNA		0	10					23 B. DA	TE SIGNED	
7	VH Coldx		MI)	Physics		ed.	Staff Phys.	12-	15-71	
23C. PHYSIC NAME		-	OEG	SKEE .	3D. ADDRESS					
HAME		BERG,	M. D.		3900 Loch	Raven	Blvd. Bal	Lton	Md. 21218	
24A. BURIAL CI	REMATION, 248, DATE		C. NAME of CEMETER					City, town,		
Bunia 25A. DATE REC	12-18-	7/ A	At CALVAY	oy Ce	POCO FUNE	1 PA	Ne Anuna	tel C	o, Md.	
DEC 1	6 1971 Pased	E Ja	Ber M.D.		Randel	ole O.F.	allick 24:	3/8.0	River St.	
VS 150-REV. 1/1	/68		F. A. Sulf	4	0 07	0				



T-60	56 71 1	1636		HEALTH DEPARTMENT	REG. NO.7	1 11636
BIRTH NO.	DECEASED		CERTITICA			
(Type or Prin	Turner, Syl	vanus			ember 9, 197	
3. PLACE IN	BALTIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived II i	institution residence before admission)
FULL NAME	R ADDRESS OR LO	PITAL OR INSTITU CATION)	TION, GIVE STREET	Maryl and C. CITY OR TOWN	JN IY	1510
5.6	Provident	Hospital		Baltimore	טו. וען	SIDE CITY LIMITS? YES NO
3/	2600 Liber			E. STREET AND NUMBER		TES IA
	Baltimore,			3806 Dorches	ter Rd.	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. , If Under 24 Hrs. Months; Doys Hours; Min.
Male	Negro	WIDOWED		8-22-10	lost birthdoyl	Months Doys Hours Min.
done during m	OCCUPATION (Give kind of woost of working life, even if retired	ork 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Unemp1		'		Vincinia		II S A
13. FATHER'S	NAME			Virginia 14. MOTHER'S MAIDEN N.	AME	U.S.A.
15. Wos Dece	eosed Ever in U. S. Armed F	orces?	6. SOCIAL	17. INFORMANT		ADDRESS
(1es, no or unk	nown/ lif yes, give wor or do	tes of service)	SECURITY NO.		(111 6) 2006	664-2138
118.	~ / 🗸		CAUSE OF DEATH		(Wife) 3806	Dorchester Rd.
5	SEASE OR CONDITION D	MECHY	CAUSE OF DEATE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH				Cirrhosis, nu	utri-
(This do	es nal meon the mode of lure, asthenia, etc. Il mean	of dying, e.g.,	(A) IMMEDIATE CAU	SE tional CONSEQUENCE OF:		***********************
injuly of	complication which cause	d death.)				
	ANTECEDENT CAUSE	S	Esophor	geal varices		
DISEASE	S OR CONDITIONS, if	any, giving		A CONSEQUENCE OF:		
rise to	the above cause (A) YING CONDITION lost.	sloling the	Hepatic	Failure with F	Renal Failure	
	11		(c)	***************************************		
OTHER SIGN TO THE I	GNIFICANT CONDITIONS CO	ONTRIBUTING				
A DISEASE	DEATH BUT NOT RELATED TO	THE TERMINAL	***************			
19A.DAT	E OF OPERATION 19B. CO WAS PE	NDITION FOR WI	HICH OPERATION	Yes Yes	10) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
DEATH (IDENT WAS UNDERLYING RIBUTING CAUSE OF notify medical examines		LACE OF INJURY (e.g., in form, foctory, street, offi	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exoct locotion)
OF INJUR	(Month) (Doy) (Year	(Hour) 21E I	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While	At Work			
22. 1 cer	tify that (1) (this hospita			ember 27.	10 71 4- Dec	ember 9 71
thot (1) (we) last sow the deceas	ed olive on	December 9,	19_71ond t	.19 <u>71</u> to <u>Dec</u> hat In(my) (our) opto	nion death accurred on the date
and hour	and from the couses sta	ted above. (1)	(We) (dld) (dld nat) vl	ew the body after death.		
23A. 51GN	A14.7.1	1	m A Atten	dia C Mad -	S. " —	23B. DATE SIGNED
23C. PHYS	ICIANS YULL	indely	DEGREE Phys.	Director L	Staff Phys.	
NAM	IE (Type)	10.	(h 1) 23	D. ADDRESS		
AA BIIDIA	ELIJAH	JAUN	DERS DEGREE	2600 Liberty	Heights Aven	ue
KEMOV	CREMATION, 24B. DATE	24C. NAA	AE OF CEMETERY OF CREA	AATORY 24D. I	OCATION (Cit	ly, town, or county) (Slotel
Dur	eal 12-12	t-1/ /	mx aus	recon (Em	Ball	mi
DEC.	1 R 1074 DEPT.	258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	3	ADDRESS
טבט.	TO WAS COME	- 40 m	MB 3 0 0	1 agners	andors 0	2176 Viceston S

. and the same 4 4 0 The property of the second periods. A company in the second of the second

258, NAME OF REGISTRAR

25C/

he body was released to the hospital certificate must was D.O.A. deceased | shows: (1)

VS 150-REV. 1/1/68

:30 D. INSIDE CITY LIMITS? YES Y NO Il Under 1 Yr. If Under 24 Hrs. Haurs : Min. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS ECORDS CATON AND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that in (xy) (our) opinion death occurred on the date 23 B. DATE SIGNED BALTO MD (State) town, or county) ADDRESS FUNERAL DIRECTOR owan

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ppr	o the	any	(exc	; and	opto	
appro	to the	fany	il (exc	n); and	be obto	
e approved by the chief medical examiner or his assistant if death occurred in a hospital and	d to the	of any	tal (exc	ith); and	t be obto	
be appr	ed to the	nt of any	pital (exc	ath); and	st be obto	
st be appro	Ised to the	ent of any	spital (exc	death); and	nust be obto	
ust be appro	sased to the	dent of any	lospital (exc	death); and	must be obto	
nust be appro	leased to the	cident of any	hospital (exc	to death); and	Il must be obto	
must be appr	released to the	scident of any	a hospital (exc	· to death); and	ral must be obto	
te must be appro	s released to the	accident of any	t a hospital (exc	or to death); and	oval must be obto	
ate must be appro	as released to the	in accident of any	at a hospital (exc	rior to death); and	roval must be obto	
icate must be appro	was released to the	An accident of any	L at a hospital (exc	prior to death); and	proval must be obto	
ificate must be appro	was released to the	I) An accident of any	.A. at a hospital (exc	i prior to death); and	approval must be obto	
tificate must be appro	ly was released to the	(1) An accident of any	O.A. at a hospital (exc	ed prior to death); and	approval must be obto	
ertificate must be appro	ody was released to the	:: (1) An accident of any	2.O.A. at a hospital (exc	ised prior to death); and	a approval must be obto	
certificate must be appro	body was released to the	vs: (1) An accident of any	D.O.A. at a hospital (exc	sased prior to death); and	ten approval must be obto	
is cortificate must be appro	body was released to the	ows: (1) An accident of any	is D.O.A. at a hospital (exc	ceased prior to death); and	itten approval must be obto	
his cortificate must be appro	he body was released to the	hows: (1) An accident of any	ras D.O.A. at a hospital (exc	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	rritten approval must be obto	

	11/-400 74 44000	CITY HEALTH DEPARTMENT CATE OF DEATH REG. NO.71 11638						
	BIRTH NO.	CATE OF DEATH REG. NO. 1 11000						
	1.NAME OF DECEASED (Lype of Print) Neale, Captain Edgar T. (USN RET.)	2. DATE AND HOUR OF DEATH						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decessed lived. If institution: residence before admission)						
		A. STATE B. COUNTY						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN Daltimore D. INSIDE CITY LIMITS? VES NO						
8	Meswick Home for incurables of							
	baltimore City	E. STREEL AND PHIR PRINCEST Avenue # 21215 1221 Bolton St. 21217						
	5. SEX 6. RACE 7. MARRIED ANEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years Under 1 Ye. Under 24 Hrs.						
	Male W WIDOWED DIVORCED	10-5-1901 Oyrs 2 mons.						
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRIES OF INDUST	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	laval Aviator WW11 & Korea 50							
.		14. MOTHER'S MAIDEN NAME						
	J. Shorp Neale	Elizabeth Slingluii						
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT /OU W. 40th. St. ADDRESS						
	Yes Naval Aviator 30yrs. 577-52-	-0999 Keswick Home EATH Sarah R. Beasley Neale - Sangaroximate interval						
	DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE (This does not meen the mode of dying, e.g.,							
	heort failure, oslhenia, etc. Il meons the disease, injury or compticolion which coused deoth.)	R AS A CONSEQUENCE OF:						
	ANTECEDENT CAUSES	CVO 2 DCVAS Year						
	DISEASES OR CONDITIONS, if ony, giving ise to the above couse (A) stating the	R AS A CONSEQUENCE OF:						
	UNDERLYING CONDITION last. (c) 4/	a chronic VII Years						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	U 21A. ACCIDENT WAS UNDERLYING 1							
	Trial Part of 11/201/10	g, in or obout 21C. WHERE DID (If in Baltimore City; give exoct location) t effice bldg, INJURY OCCUR?						
	21D. TIME (Month) (Doy) (Yeor) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
		While						
	22. I certify that (I) (this hospital) attended the deceased fram	9-17 19/0 to 12-11 19/1						
	that (1) (we) last saw the deceased alive an 12 1/ 19 7/ and that in (my) (aur) apinion death occurred an the date							
and haur and from the couses stated abave. (I) (We) (did) (did not) view the body ofter death.								
	23A, SIGNATURE 23R, DATE SIGNED							
	DEGREE DE LA PROPERTIE DE LA P	Attending Med. Stoff Phys. 12 -//- 7/						
	23C. PHYSICIAN'S NAME (Type) RX FUXURX	230. ADDRESS 2 W Univer to Phys Balt XII 21012						
	24A. BURIAL CREMATION, REMOVAL (Specily)							
	Burial 12-14-7/ Druid Ridge C	thing it to the total of the to						
	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
	DEC 16 1971 waster & Janber M.D.	Armacost Funeral Chapel-4600Liberty Hghts						
1	VS 150-REV. 1/1/68	, - 6						

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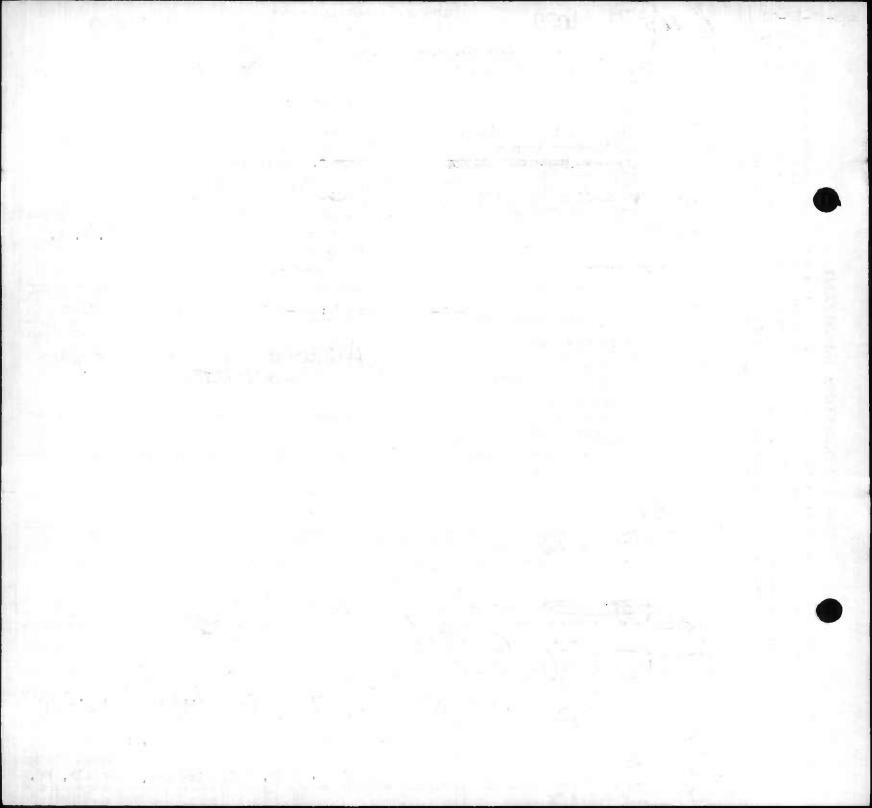
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FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in

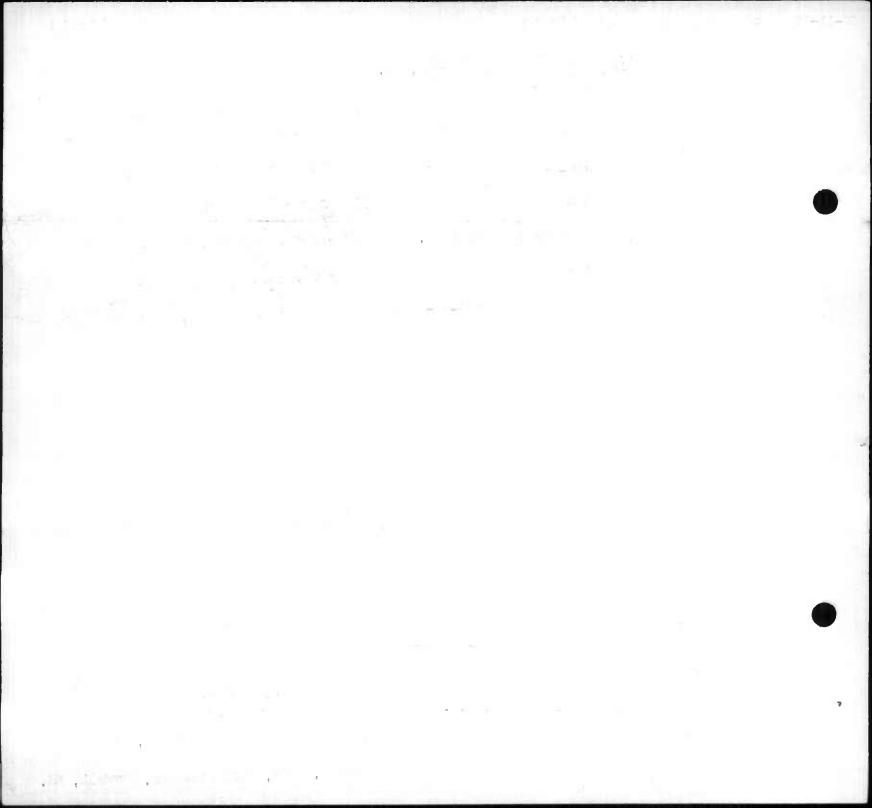
VS 150-REV. 1/1/68

	R-365 71 11639 BALTIMORE CIT	Y HEALTH DEPARTMENT						
	CERTIFICA	ATE OF DEATH REG. NO.71 11639						
	Type or Pill argant Rodlar Mers Margaret Rod	learmel 2 Date and Hour of Death Dee 11, 1931 7:30 Am.						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY						
ı	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore						
	Baltimore City Hospitals	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
ı	4940 Eastern Avenue	E. STREET AND NUMBER						
	Baltimore, Maryland 2122&	7308 A. Dunmanway 21222						
I	emale Cate widowed Divorced	8. DATE OF EIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.						
	6A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI lone during most of working life, even if refleed)	Y 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Housewife	Maryland U. S. A.						
ı	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Roscoe Cross	Gertrude Jones						
	5. Was Deceased Ever In U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
	No 212-01-3586	Records: BCH-4940 Eastern Avenue 21224						
ı	18. / 5.3. X I CAUSE OF DEA	M APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
ı	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Adous Covenna & Char 4 Was						
ı	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	A CONSEQUENCE OF: N. 11/12 DO TO						
ı	injury or camplication which caused death.)	- Mequirace						
ı	ANTECEDENT CAUSES	100						
ı	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:						
ı	UNDERLYING CONDITION last. (C)							
ı	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
ı	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
ı	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSKY (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
ľ	21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY IC.D.	725 725						
ŀ	DEATH Inotify medical examined	in or about 21C. WHERE DID (If In Baltimore City, give exact location) office bldg., INJURY OCCUR?						
ı	21D. TIME IMonth) IDoy) IYeor) IHour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?						
I	Mork At Work							
ì	22. I certify that this hospital attended the deceased from	10/2/ 19 7/10 /2/// 19 7/						
ı	that the we last saw the deceased alive on							
ı	and hour and from the causes stated above (ii) (We) (did) (did not)							
ı	Danagha Degree Ph	ending Med. Stoff Phys. Stoff						
l	DANIEL V. LARIABILA DE MD	235-ADDRESS 4940 Eastorn Ave. Baltimore Md. 21224/2						
	4A. SURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CI REMOVAL ISpecify 12/15/71 Meadowridge Memo	EMATORY 24D. LOCATION I Gry, town, or countyl (State)						
	DEC 18 GALLES DEPT. 268. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
	ANTONIA INTERPORTATION	John J. Duda, 7922 Wise Ave. Dundalk, Md.						

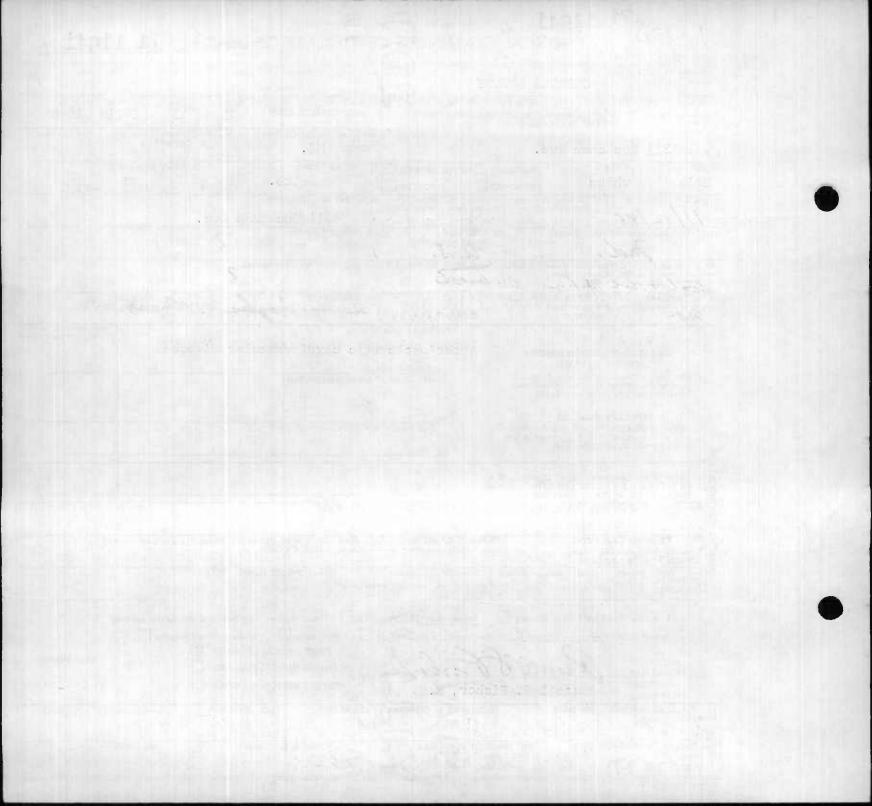


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death

E	W-300 71 11640 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 11640
	Type of Printle Ray P White, Sr. 2. DATE AND HOUR OF DEATH 45
	S. PLACE IN BALTIMORE, MARKAND, WHERE PRONOUNCED DEAD HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224
2 1	OA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY Bethlehem Steel Co.
1.	3. FATHER'S NAME Raw White Raw White
13	No Deceased Ever in U. S. Armed Forces? (as,no or unknown) [Ulf yes, give wer or dotes of service] No 16. SOCIAL SECURITY NO. 235-30-6568 BCH RECORDS: BCH RECORDS: Baltimore, Maryland 21224
NOF	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION last, (A) IMMEDIATE CAUSE Chronic Renal Fo, love DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
CEPTIEICATIO	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1992. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes or No.) 2018. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF home, form, fociory, street, office bldg. INJURY OCCUR?
MEDI	Work At Work
	22. I certify that (1) (this haspital) ottended the deceased from Nov. 19 7/ to Dec. 19 7/ that (1) (we) last saw the deceased alive on 2 19 7/ ond that in (a) (our) opinion death occurred on the date and haur and from the causes stated above. (i) (iii) (did say) view the body after death.
	Attending Med. Shoff Phys. 23C. PHYSICIAN'S NAME (Type) Ronald C. Eirjhorn, M.D. Attending Med. Director Phys. 23D. Address 4940 Eastern Avenue Baltimore, Maryland 21224
	Burial Specify Burial 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial Bel Air Memorial Gardens Bel Air, Maryland
L	ADDRESS Dec 16 1971 Dec 16 197
4.3	



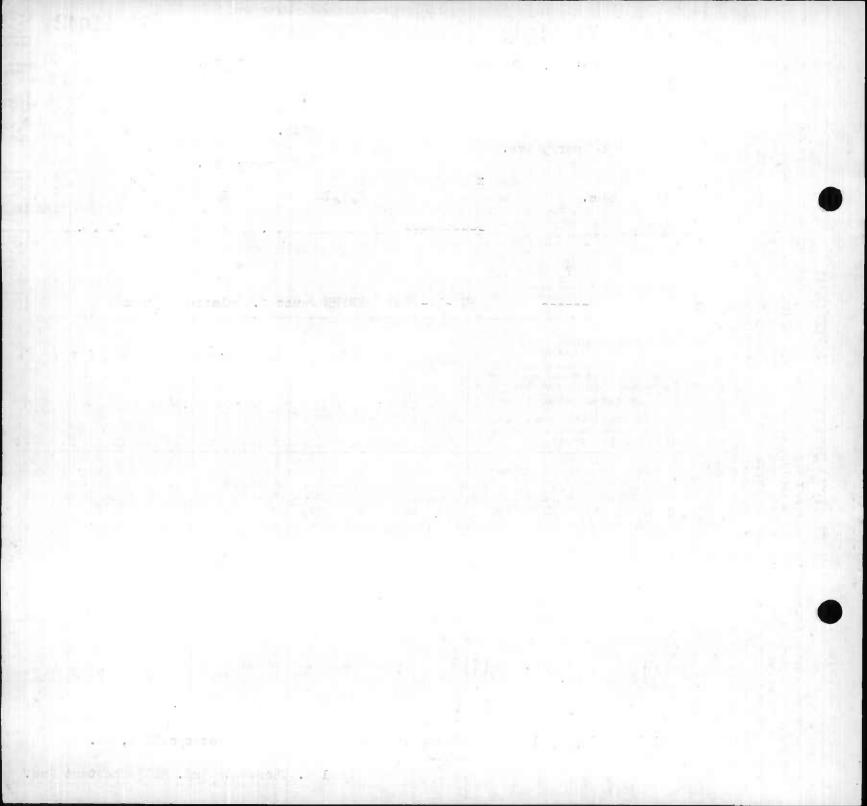
71 11641 BALTIMORE CITY HE	ALTH DEPARTMENT	
L-130 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	11641
BIRTH NO.		Year Hour
1. NAME OF DECEASED (Type or Print) CHARLES LOVETT	2. DATE Known Month Doy OF DEATH Estimated	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 13	1971 10 a
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: A, STATE M.A. B. COUNTY	residence before odmission)
4311 Buchanan Ave.	Md.	24/65
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN Balto.	
male white widowed Divorced	YES	s 🖺 NO 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.		
11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF	4311 Buchanan Ave.	
92 / WHAT COUNTRY?	4	
14A.USUAL OCCUPATION (Give kind at work) 148. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
dane during mast of working life, eyen if retired) Toul & del Maple Relieve	4	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	IS. INFORMANT	DRESS
(Yes, ng or unknawn) (If yes, give war or dates of service) SECURITY NO. 214-03-4376	Henry Fragler 414 Pregus	
19. 412. 41 CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterioscle	rotic cardiovascular disease	
LEADING TO DEATH (A)IMMEDIATE (This does not mean the made of dying, e.g., DUE TO, OR		
heart failure, asthenia, etc. It means the disease, Injury or camplicotion which caused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OF	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
C) (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED	21. AUTOPSY? (Yes or No)
		no
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g. home, form, factory, street, affil	, in or about 22C. WHERE DID (it in Baltimare City, give exacted bidg., etc.) INJURY OCCUR?	t lacation)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F, HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NO	T WHILE	
23.	WORK LI	
1 certify that I held an Inquiry Inspection Z A	utopsy ond that on this basis, death in my	opinion
	de Homicide Undetermined manner	
ACTUAL O COSE O /	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE KREISEUD TINGEN M.	D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER	12-13-71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	or CREMATORY 24D. LOCATION (City, town,	, ar county) (State)
Beneal 12/16/71 Provid Rec	lal Callo, met.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	DRESS
DEC 16 1971 Robert & Faiber, M.D.	Jarul E. Chemeroel 36171	chostnot Are.
	-0110	



FUNERAL DIRECTOR: IMPORTANT

	or Print)	Marie E.	Solomon	n	2. DATE	12/13/			
FULL	NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JNCED DEAD JTION, GIVE STREET	4. USUAL RESIDENCE () A. STATE Md.	Where deceased li DUNTY	ved. Il institu	otion: residence	belore admission
	TUTION	ADDRESS OR LOCA	(NOIT)		c. CITY OR TOWN Balto.			CITY LIMITS?	№ П
0	0	3850 Quarry	Ave.		E. STREET AND NUMBE	arry Ave.			
	emale	6. RACE Cauc.	WIDOWED [7/7/20	9. AGE (In yellost birthdoy)	eors II M	Under 1 Yr.	If Under 24 Hr. Hours Min.
done d		yorking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or D.C		1:	2. CITIZEN OF	WHAT COUNTR
13. FA	THER'S NAA	ле ?			14. MOTHER'S MAIDEN	NAME			
	o or unknown)	Ever in U. S. Armed For (II yes, give wor or dote		16. SOCIAL SECURITY NO. 579-12-4530	17. INFORMANT	A. Solomo	n (s	ADDR	ESS
C		ANTECEDENT CAUSES		(B) Deve	walaza Co S A CONSEQUENCE OF:	cenous	rosei		
ATION	DISEASES O ise to the JNDERLYING OTHER SIGNIFI O THE DEATI		ony, giving stating the NTRIBUTING HE TERMINAL T I (A). DITION FOR VECTOR TO THE PORMED.	(C)WHICH OPERATION	A CONSEQUENCE OF:	7 No) 20B, IF YES	, WERE FIND	DINGS CONS	DERED
CERTIFICATION CITY	DISEASES OF THE PROPERTY OF THE DEATH OF THE	R CONDITIONS, if above cause (A) CONDITION lost. II ICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PAR OPERATION 1798. CON	ONY, giving stating the NTRIBUTING HE TERMINAL T I (A). DITION FOR WED.	WHICH OPERATION PLACE OF INJURY (e.g., e, larm, foctory, street, o	S A CONSEQUENCE OF:	r No) 20B. IF YES	, WERE FINE	DINGS CONS	
MEDICAL CERTIFICATION	DISEASES OF THE PROPERTY OF THE DEATH OF THE	R CONDITIONS, if above cause (A) CONDITION Iosl. II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 1988. CON WAS PER IT WAS UNDERLYING TING CAUSE OF	ony, giving stating the NTRIBUTING HE TERMINAL I I (A). DITION FOR VEORMED TO THE PORT OF	WHICH OPERATION PLACE OF INJURY (e.g., e., larm, foctory, street, o	20A. AUTOPSY? (Yes of the property of the prop	r No) 20B. IF YES	, WERE FINE ING CAUSE Boltimore Ci	DINGS CONS	
MEDICAL CERTIFICATION 11 12 13 14 15 16 17 17 17 18 18 19 19 19 19 19 19 19 19	DISEASES OF THE PROPERTY OF THE DEATH OF THE DEATH OF THE DEATH (Notify The CONTRIBUTED OF THE DEATH (Notify TO TIME OF THE DEATH (N	R CONDITIONS, if abave cause (A) CONDITION lost. III ICANT CONDITION S COMBUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING CAUSE OF medical examiner) (Month) (Doy) (Year) that (I) (This haspital last sow the decease	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR V FORMED. (Hour) 21E. Whi World of alive on	WHICH OPERATION PLACE OF INJURY (e.g., e., larm, foctory, street, o	20A. AUTOPSY? (Yes o	No) 208, IF YES IN CERTIFY (If in Part of the Injury Occurs 19 7 tall that in (iny) (injury)	, WERE FINE ING CAUSE Boltimore Ci	DINGS CONS S OF DEATH ity, give exoct	locotion)
MEDICAL CERTIFICATION MEDICAL CERTIFICATION (14 72 73 74	DISEASES OF SIGNIFICATION OF THE SIGNIFICATION OF THE DEATH OF THE DEATH OF THE DEATH (Notify ID. TIME OF THE DEATH (notify APPROX.) 2. I certify that (I) (we) and hour and hour and hour and has signatured.	R CONDITIONS, if abave cause (A) CONDITION Iosl. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR V FORMED. (Hour) 21E. Whi World of alive on	WHICH OPERATION PLACE OF INJURY (e.g., e., larm, foctory, street, of the control	20A. AUTOPSY? (Yes on the property of the prop	INJURY OCCURS In that in the line of the	Boltimore Ci	DINGS CONS S OF DEATH ity, give exoct	locotion) 19 Z urred on the do
MEDICAL CERTIFICATION 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	OISEASES OF THE SIGNIFIC OF THE DEATH OF THE DEATH (SEASE OR COPALDATE OF THE CONTRIBUTE OF INJURY APPROX.) 2. I certify that (I) (we) and hour and sa. SIGNATU	R CONDITIONS, if abave cause (A) CONDITION Iosl. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving stating the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR VERNED (Hour) 21E. White dalive on	WHICH OPERATION PLACE OF INJURY (e.g., e., larm, foctory, street, or injury occurred he deceased from	20A. AUTOPSY? (Yes on the property of the prop	208. IF YES IN CERTIFY (If in Phys. Staff Phys. LOCATION	Boltimore Ci	DINGS CONS S OF DEATH ity, give exoct	location) 19 2 urred on the do ED 7 /

BALTIMORE CITY HEALTH DEPARTMENT

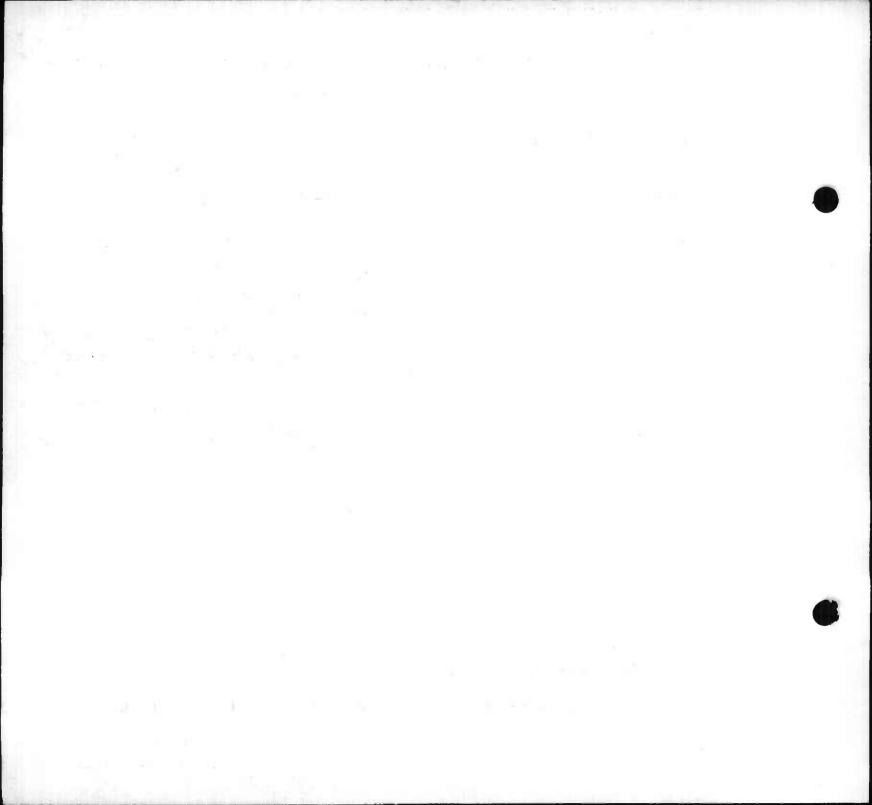


12/20/71 - Correction form from funeral director.

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ws: D.C.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BII	1-00b	71 1164	4	TE OF DEATH	REG. NO	71 11644
	Pe or Print)	-	GRACE LEE	2. DATE A	HOUR OF DEATH	, 3:15 PM
FU		MARYLAND, WHERE P	NSTITUTION, GIVE STREET	A. STATE RY A B. COUN	N 18	stitution: residence before odmission)
37	33THE JOHN	S HOPKINS	HOSPITAL	E. STREET AND NUMBER	DSON AVE.	YES NO .
		GRO WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	10-30-00	9. AGE (In years lost birthday) 71	If Under 1 Yr. If Under 24 His. Months; Doys Hours Min.
don	LUSUAL OCCUPATION of during most of working lil HOUSEWLEE FATHER'S NAME	(Give kind of work 10 & KIN e, even if refired)	ID OF BUSINESS OR INDUSTRY	Eastover, S. Ca	arolina	U.S.A.
	Willie Garne			Jean	ME	
15. (Ye:	Was Deceased Ever in the same of unknown) (If yes,	U. S. Armed Ferces? give wor or doles of sen	rice) 16. SOCIAL SECURITY NO.	Mrs. Annette Og	Edmondson Av glesby	e. ADDRESS 21223
RTIFICA	(This does not mean heart foiluse, ostheria injuly at camplication ANTECE! DISEASES OR CON rise to the obave UNDERLYING COND OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	DINDITIONS CONTRIBUTE OF RELATED TO THE TERMING GIVEN IN PART 1 (A). ON 19% CONDITION 1 WAS PERFORMED	iving the (c) LOSS LOSS LOSS LOSS LOSS LOSS LOSS LOS	CONSEQUENCE OF: LOSCUENCE A CONSEQUENCE OF: MY OCAH 20A-AUTOPSY? (Yes or No YES or obout 21C, WHERE DID	IN CERTIFYING CAU	MANY YRS ARC7 / MC INDINGS CONSIDERED ISES OF DEATH? City, give exoct location
DICA	DEATH (notity medical	(Doy) (Yeor) (Hour)	home, form, foctory, slicet affect.) 21E INJURY OCCURRED While At Not While	21F. HOW DID INJI		
	that (1) (we) lost sav	the deceased offve	ed the deceased from on	ew the body ofter deoth.	Staff Phys.	Ion deoth occurred on the dote 23B, DATE SIGNED
_	BURIAL CREMATION, REMOVAL (Specify)		C. NAME OF CEMETERY OF CREA			, town, or county) (State)
25A	DEC 16 197		Arbutus Memoria	25C. FUNERAL DIRECTOR Marshall W.		



H-535	71 11645	BALTIMORE CITY HEALTH DEPARTMENT	
14-535	MEDICAL	EXAMINER'S CERTIFICATE OF DEATH REG. NO. 71	1164

BIRTH NO.	REO. INO.							
1. NAME OF DECEASED (Type or Print) SAMUEL TILGHMAN HINTON	2. DATE Known Month Doy Year Hour OF DEATH Estimoted M.							
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (ADDRESS OR LOCATION)	PRONOUNCED DEAD December 14, 1971 5:30 P. M. 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)							
015 N D-11 Ch	A. STATE Maryland B. COUNTY 2 7 3 9							
915 N. Dallas Street								
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
Male Negro WIDOWED DIVORCED	Baltimore VES NO NO							
9. DATE OF BIRTH 1-7-05 10. AGE (In yeors lost birthdoy) 66 If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER							
	1419 Kitmore Road							
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY2	13. FATHER'S NAME							
Durham, N. Carolina WHAI COUNTRY?	William Hinton							
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME							
done during mostof working life, even if refired) Laborer Bethlehem Steel	Angie							
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS							
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 217-07-7078	Mrs. Anna Hinton 1419 Kitmore Rd. 21212							
19. // 7 CAUSE OF DEA'								
1 2 7 2 9	osclerotic cardiovascular disease							
DISEASE OR CONDITION DIRECTLY	oscierotic cardiovascular disease							
LEADING TO DEATH (A) IMMEDIATE CAUSE								
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	heart foilure, osthenio, etc. It means the disease,							
ANTECEDENT CAUSES (B) DUE TO OR	AS A CONSEQUENCE OF:							
RISE TO THE ABOVE CAUSE (A) STATING THE	A CONSEQUENCE OF.							
Z UNDERLYING CONDITION LAST. (C)								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA								
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED [21. AUTOPSY? (Yes or No)							
	yes							
22A EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	In or obout 22C. WHERE DID (If in Boltimore City, give exact location)							
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.								
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?							
	WHILE							
23.	OKK 🔲							
I certify that I held an Inquiry Inspection Autopsy I and that an this basis, death in my apinion								
resulted fram: Natural causes 🗵 Accident 🗌 Suicide 📗 Homicide 🔲 Undetermined manner								
1 2 21/1	CHIEF MEDICAL EXAMINER							
SIGNATURE A hed Wall	ASSISTANT MEDICAL EXAMINER							
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 12/15/71							
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY								
Burial 12-18-71 Mt. Calvary C								
DEC 16 1971 Jakes T. Jakes A. B.	25C. FUNERAL DIRECTOR 1735 Harford Prese. 21213 Marshall W. Jones, Jr.							

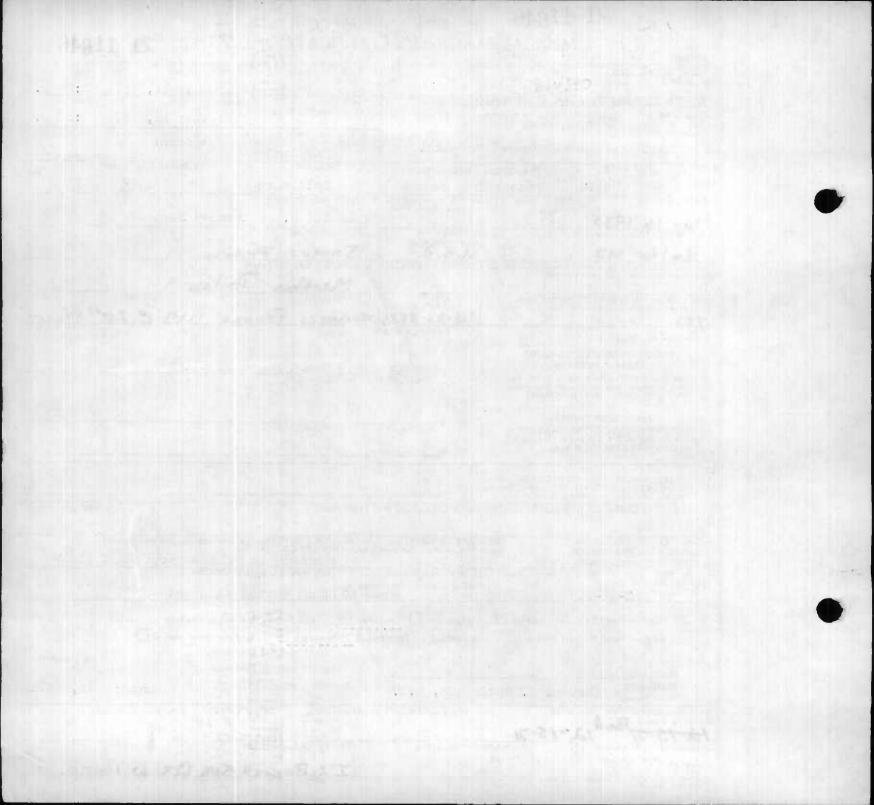
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BROWN + SON 123-W. MONTGOMERY

25A. DATE REC'D BY HEALTH DEPT.

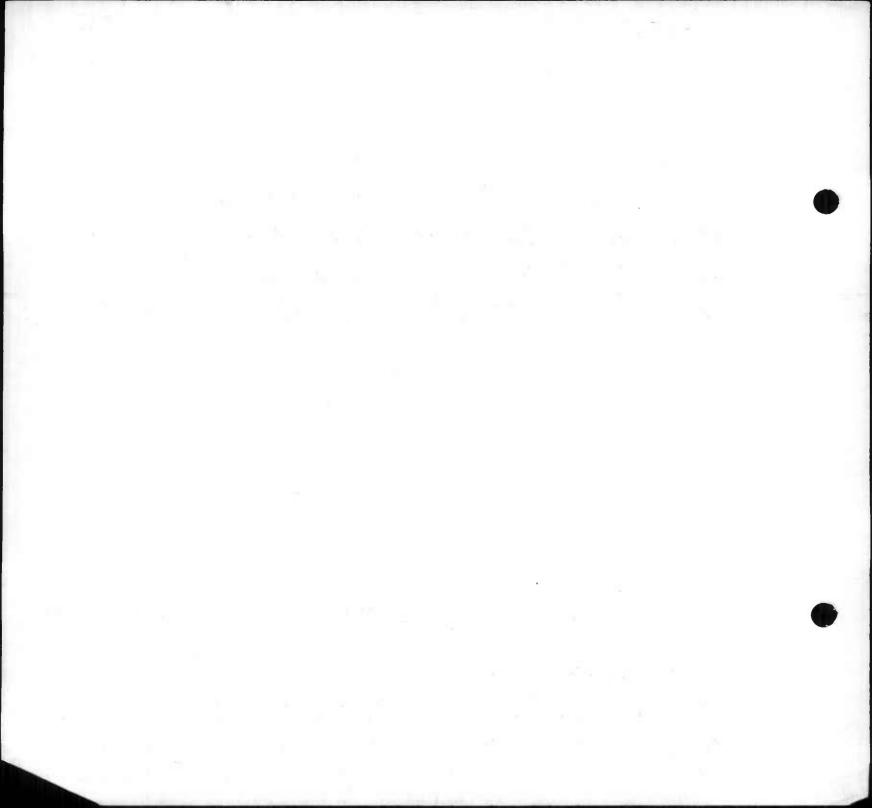
VS 151-REV. 1/1/68

Jakes



he od he	eased 1 ident o nospita death must b	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	N N
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두두든 동생 된 []	is certificate m le body was rel lows: (1) An acc as D.O.A. at a f sceased prior to	ドサインション	
he ho	C ma 44 - U - 11	This certificate n the body was rel shows: (1) An acc was D.O.A. at a deceased prior the	100 100
body was released to west (1) An accident o s D.O.A. at a hospita teased prior to death then approval must teased		approv to the f any r l (exce l); and	
s certificate must be approved body was released to the lows: (1) An accident of any n s D.O.A. at a hospital (excessed prior to death); and itten approval must be obta	fany ne fany ne fany ne fany ne fany ne fand ne obta	hospita ature; pt whe (6) No ined be	
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s certificate must be approved by the chief med body was released to the hospital by a medicious: (1) An accident of any nature; (2) Body burns S.D.O.A. at a hospital (except where the physicassed prior to death); and (6) No physician written approval must be obtained before the remotives.	approved by the chief med to the hospital by a medic fany nature; (2) Body burn [(except where the physic); and (6) No physician we obtained before the remained before the remained before the remained before the contained the	ical exalls; (3) A cian was in rains are	
s certificate must be approved by the chief medical exclody was released to the hospital by a medical exams: (1) An accident of any nature; (2) Body burns; (3) A s D.O.A. at a hospital (except where the physician we cased prior to death); and (6) No physician was in ritten approval must be obtained before the remains an	approved by the chief medical exto the hospital by a medical exatany nature; (2) Body burns; (3) I (except where the physician w); and (6) No physician was in recobtained before the remains ar	aminer. A fractu ho pro egular e emba	
s certificate must be approved by the chief medical examiner body was released to the hospital by a medical examiner. Wes. (1) An accident of any nature; (2) Body burns; (3) A fractust D.O.A. at a hospital (except where the physician who proceased prior to death); and (6) No physician was in regular itten approval must be obtained before the remains are emba	approved by the chief medical examiner to the hospital by a medical examiner. f any nature; (2) Body burns; (3) A fractul (except where the physician who pro); and (6) No physician was in regular to obtained before the remains are emba	Also, ire of an nounce attend	
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s certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dives: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decess B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on seased prior to death, and (6) No physician was in regular attendance on the deceased prior to death, itten approval must be obtained before the remains are embalmed or final disposition is made.	approved by the chief medical examiner or his assistant if deoth occurred in a hospital to the hospital by a medical examiner. Also, if the direct or contributing cause of d fany nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dece (except where the physician who pronounced death was in regular attendance on (6) No physician was in regular attendance on the deceased prior to death, so obtained before the remains are embalmed or final disposition is made.	and eath ased the Such	

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3. FLACE IN BALTIMORE, MARTLAND, WHERE FRONDUNCED DEAD PULL NAME OF ROSPITAL OR BIT NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! ADDRESS OR LOCATION! TO NUMBER S. SEAL S. SE			D WOLLD OF DEATH		CERTIFICA	0			
FULL NAME OF HOSTIAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION TO ADDR	P.	1330 P	15-1971	N Doc	/	DAVID A	IType or Printl		
ADDRESS OR LOCATION MOSTITUDO	admission	residence before admis	e deceased lived. If institution	A. STATE B. COUN					
S. SER S. RACE C. MARRIED NEVER MARRIED S. DATE OF BISTIN P. AGE (In years in Under 1 Th. III Uniformation of the state of	7	LIMITS?	D. INSIDE CI	C. CITY, OR TOWN	HOSPITAL OR ADDRESS OR LOCATIONI				
S. SER S. BAGE WIDOWED NEVER MARRIED S. DATE OF BIRTH S. ADE (any proves) H. Under I T. II. H. Under I S. II.		NO 🗌	t a YES				00		
IDA USUAL OCCUPATION [Give kind of working life, were it relieved] IDVORCED DIVORCED DIVORC		154	BENTALOU	2041 N.					
15. FATHER'S NAME	der 24 Hrs. Min.	der 1 Ti. II Under 24 hs Doys Hours Mi	ost birthdoy) Mon	9/7/1907	7 =	MAKK			
S. WOS Decosed Ever in U. S. Armed Forces? 16. SOCIAL SCURITY NO. 17. INFORMANT 17. IN	COUNTR	ITIZEN OF WHAT COUL		1. BIRTHPLACE (State of fore		ON (Give kind of work 10B, KIND g life, even if retired)	10A, USUAL OCCUPATION dome during most of working		
SECURITY NO. 16. SOCIAL 17. INFORMANT ADDRESS 16. SOCIAL 17. INFORMANT ADDRESS A		1.5.×1.		4. MOTHER'S MAIDEN NA	CONTRACTO	ron Gon	13. FATHER'S NAME		
CAUSE OF DEATH SECURITY NO. SE				43	<i>P</i> /	+ NORMA	ROBER		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injuy or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the day of the decay of the course (A) stating the UNDERLYING CONDITION Sot. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GVEN IN PART I (A). OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 21B. PLACE OF INJURY Le.g., in or obout 21C. WHERE DID 10F In Boltimore City, give exact focetion) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURT OCCURRED (INJURY OCCUR? (INJ					SECURITY NO.	in U. S. Armed Forces? es, give wer or dotes of services.	(Yes, no or unknown) (If ye		
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UNDERLYING CONDITION lost. (C) UNDERLYING CONDITION lost. (I) (WALLES CENTRY lost.) (I) (WALLES CENTRY l					(8)				
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218. PLACE OF INJURY le.g., in or obout 21C. WHERE DID (If In Boltimore City, give exect locotion) home, form, foctory, street, affice bidg, in JURY OCCUR? DEATH Inotify medical examines 218. PLACE OF INJURY le.g., in or obout 21C. WHERE DID (If In Boltimore City, give exect locotion) home, form, foctory, street, affice bidg, in JURY OCCUR? 210. Time (Month) (Doy) (Year) (Hour) 21E. INJURT OCCURRED 21F. HOW DID INJURY OCCUR? While At Work No! While 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an		S CONSIDERED DEATH?	208, IF YES, WERE FINDIN IN CERTIFYING CAUSES C	20A. AUTOPST? (Yes or No	R WHICH OPERATION	WAS PERFORMED	HI WALL OF CHE		
OF INJURT IAPPROX. While At No! While		live exoct focotion)	(If In Boltimore City,	or obout 21 C. WHERE DID injury occur?	ome, form, foctory, street, affi	I CAUSE OF	OR CONTRIBUTING DEATH Inotify medic		
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an Sept 19 To and that In (my) (ever) apinion death occurred on and hour and from the causes stated above. (I) (We) (dtd) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shaff Director Phys. Director Phys.			RY OCCUR?		Vhile At No! While	•	S OF INJURT		
that (I) (we) last saw the deceosed alive an	921	1921	160 to Sept U	77 72 12			22. I certify that (
23A. SIGNATURE WOLLD WITH SIGNED Attending Med. Shoff Director Phys. Director P				197ond the					
Affending Med. Stoff Director Phys.		ATE SIGNED	228 1	w the body ofter deoth.	(I) (We) (dtd) (dld not) vI	the causes stated obove	23A. S(GNATURE		
23C. PHTSICIAN'S NAME(Type) 23D. ADDRESS 23D. ADDRESS		11697)	roff 🗆		DL.	n Broce	moen		
		86	a, notes	D. ADDRESS	22	20 11 01	23C. PHTSICIAN'S		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERT OF CREMATORT 24D. LOCATION (City, fown, or county)	(Stote)	or countyl (Stote	CATION (City, town	ATORT ZAD. LO		N, 24B, DATE 24C,	24A. BURIAL CREMATIO		
BURIOL 12/20/11 MATCHERAMY SOUTE ND 21225	/		146 my 2	Bro		12/20/11/	BUNIDE		
25A. DATE REC'D BT HEALTH DEPT. DEC 17 1911 Valley C. Salley K.D. VS. 150-DEV 1/1/68		ADDRESS -W G 12	A Hayro 630	25C. FUNERAL DIRECTOR	OF REGISTRAR	Olaber E. Jan	DEC 17 18		



5. I I I I I I I I I I I I I I I I I I I	Total Andrews
death was in regular attendance on the ance on the deceased prior to death. Such final disposition is made.	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
the direct or contributing cause of death y kind; (4) Undetermined cause; (5) Deceased	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
issistant it dearn occurred in a nospiral and	This certificate must be approved by the chief medical examiner of his assistant it death occurred in a nospital and

	1/ -22) my 11 15	BALTIMORE CITY	HEALTH DEPARTMENT		71 11648			
1	4-500 71 11648	CERTIFICA	TE OF DEATH	REG. NO	, # TTO *P			
	H NO.	CERTIFICA						
	AME OF DECEASED			D HOUR OF DEATH	, 39			
тур	John Michael H	lain	12.	-12-71	10 AM.			
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PRO	PNOUNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN	e deceased lived. If i TY	nstitution: residence before admission)			
HO	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland c. CITY OR TOWN	D. INS	IDE CITY LIMITS?			
			D = 14 *		YES NO			
			E. STREET AND NUMBER					
Ů	South Baltimore Gene	eral Hospital	1627 Spruce	Street				
5. \$	6. RACE 7. MARR	IED X NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Haurs Min.			
M	ale White widow	VED DIVORCED	2/13/1885	86	William Soys Tradis William			
	USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?			
done	during most of working life, even if retired)	so pointing	Maruland		USA			
12		se painting	Maryland	4.5	. S. A.			
13.	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	Λt				
	William Hain		Elizabeth ?	? ?				
15.	Vos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
tres	,na arunknawn) (If yes, give wor or dates of servi		Lydia R. Hai	in A	As Above			
	1B. // C2 / V	CAUSE OF DEATH			APPROXIMATE INTERVAL			
	47/1	0.1002 0. 02.11.			BETWEEN ONSET AND DEATH			
	/ DISÉASÉ OR CONDITION DIRECTLY LEADING TO DEATH RIMOTEOMO							
	(A) IMMEDIATE CAUSE							
	This daes not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury at camplication which caused death.)							
	ANTECEDENT CAUSES (B) Chronic Bronchitis							
	DISEASES OR CONDITIONS, if any, giving (B) OTH OFFICE THE OFFICE OFFI							
	rise to the above cause (A) stating	the						
	UNDERLYING CONDITION last.	(c) Atropy	of Adrenal Gla	nds Cause U	nknown			
	11							
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG						
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN							
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Y'g's ar Na	20B. IF YES. WERE	FINDINGS CONSIDERED			
CERTIFIC	WAS PERFORMED		uls	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?			
SER	21A ACCIDENT WAS LINDERLYING	21R PLACE OF INTERVIOR	or about 21C WHERE DID	/If in Rollima	re City, give exact lacotian)			
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of	fice bldg., INJURY OCCUR?	in in bannia	re wiy, give exact lacollan)			
CAL	DEATH (notify medical examiner)	etc.)						
MEDIC	21D. TIME (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
2	OF INJURY (APPROX.)	While At Not While At Work		*				
				91 10	: 415 / 51			
	22. I certify that (I) (this haspital) attended the deceosed from 10 2 1971,							
	that (I) (we) last sow the deceased alive	an 12/11//	19ond the	ot in(my) (our) op	inion deoth occurred on the dote			
	and hour and from the couses stated above. (1) (We) (did) (did nat) view the body after death.							
	23A. SIGNATURE 23B. DATE SIGNED							
Attending Med. Stoff 12/4								
	Director Phys. Direct							
	22 C SHIVELDIA AND		23D. ADDRESS					
6	23C. PHYSICIAN'S Samuel Rubin, M	.D.	203 Outak	lev ca	- Doctoller			
24A	NAME (Type) Damuel Rudin, M	. D. DEGREE	203 Datak	CATION (C	Cost of County) (State)			
7.7	NAME (Type) DANNIEL RUDIN, M. BURFAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	DEGREE C. NAME of CEMETERY of CRE	2 0 3 Datafe		City, town, or county) (Stote)			
В	BURIAL CREMATION, 248. DATE REMOVAL (Specify) 12/15/71	DEGREE C. NAME of CEMETERY of CRE Baltimore Cem	2 0 3 Datafe	ocation (daltimore,	City, town, or county) (Stote) Maryland			
B	BURIAL CREMATION, 248. DATE REMOVAL (Specify) 12/15/71	DEGREE C. NAME of CEMETERY of CRE	203 Satafe MATORY 24D. LO etery Ba 25C. FUNERAL DIRECTOR	altimore,	Maryland ADDRESS			
B	BURIAL CREMATION, 248. DATE REMOVAL (Specify) LITIAL DATE REC'D BY HEALTH DEPT. 258, NA/	DEGREE C. NAME of CEMETERY of CRE Baltimore Cem	203 Satafe MATORY 24D. LO etery Ba	altimore,	Maryland			

a complete parts that I wented to make

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

Pobert

N/8195000

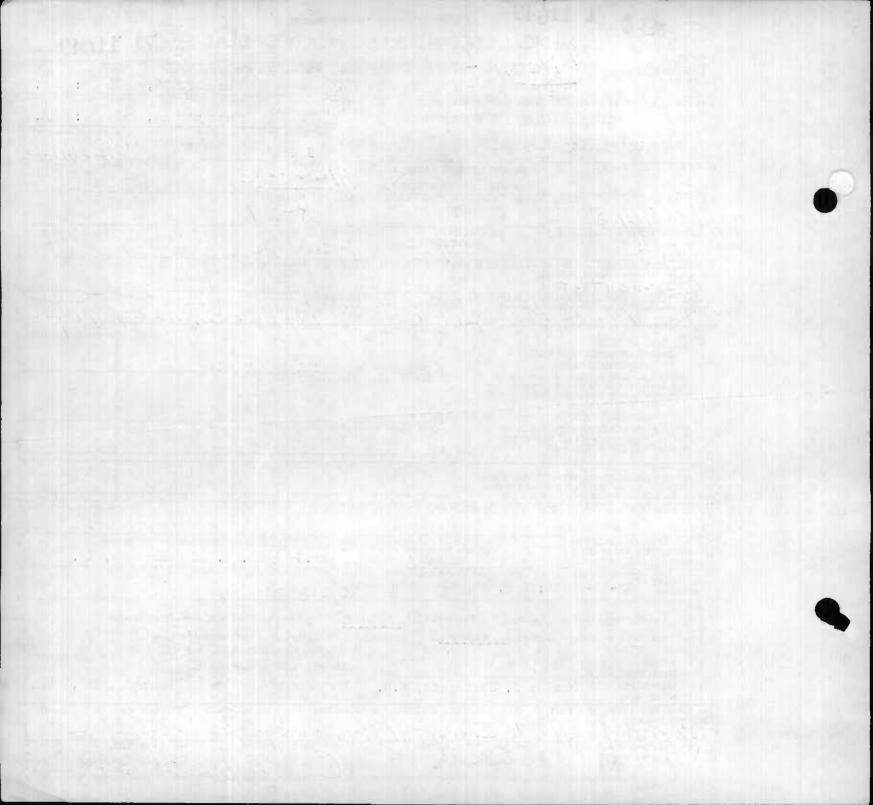
258. NAME OF REGISTRAR

6 1 5

25C. FUNERAL DIRECTOR

ADDRESS

IN Juster,

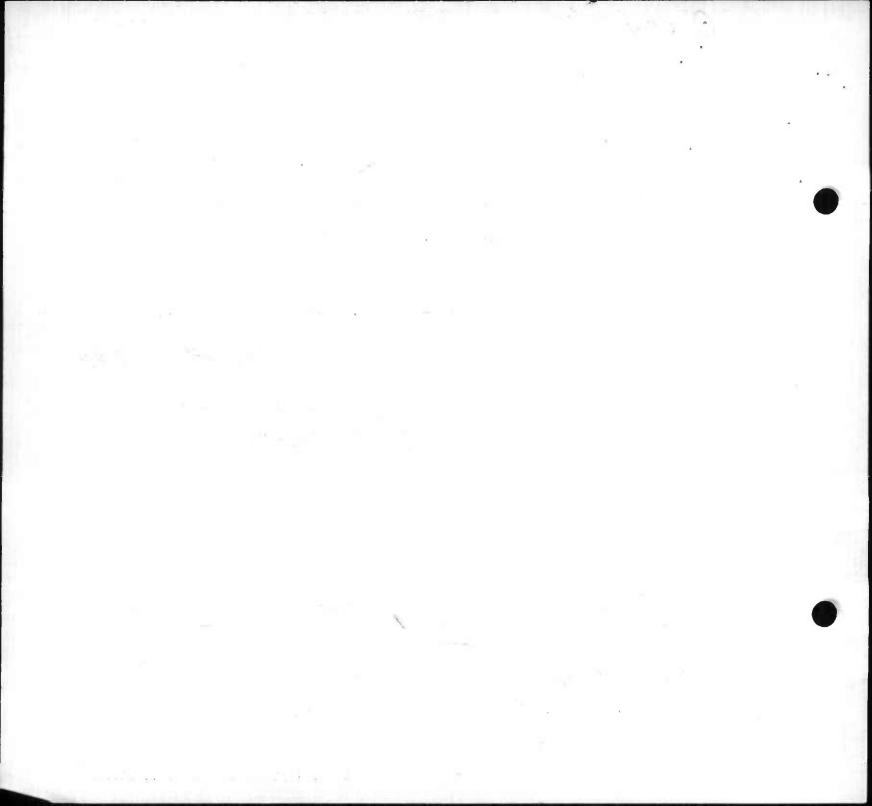


1 1	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

	O-55\$11650		HEALTH DEPARTMENT TE OF DEATH	REG. N.	71 11650		
	NAME OF DECEASED OMOHUNDES	MINAIE	PATE AT	NO HOUR OF DEATH	2 au		
1	PLACE'IN BALTIMORE, MARYLAND, WHERE PRONOUS		A LISTAL BESTDENCE (Who	me deceosed lived. If inst	itulian: residence before admission)		
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	C, CITY ON TOWN		E CITY LIMITS?		
16	SINAI HOSPITAL		E. STREET AND NUMBER 5450 OLD		Pd # 21133		
5	SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Under 24 His. Months; Doys Hours; Min.		
	female white WIDOWED	DIVORCED [1-1-98	/3			
d	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF I		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
	retired saleslady Hecht I	ept Store	Maryland		E.E. a. y		
"			Late Henrie				
1	Late John Schriefer			etta 			
la	Was Deceased Ever In U. S. Armed Forces? es,no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	Mr. Newton L.	Omohundro, 5	450 Old Court Rd		
	18.4/0.91	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	CARDIODE	SPIDATORY AD	DES	OCT WEEK ONSET AND DEATH		
	(This does not mean the mode of dying, e.g., hoort failure, asthenia, etc. It means the discose.	(A) IMMEDIATE CAU		***************************************			
	injury or complication which caused death.)	Advice 1	HYDEAR DIAL I	MEMAC TO	2442		
	DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF:	THE TO	***************************************		
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	a consequence of:				
1.							
ATION	I DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************			***************************************		
Centrelo	19A-DATE OF OPERATION 19B CONDITION FOR WI	HICH OPERATION	20A. AUTOPSYR IVes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?		
1	OR CONTUBUTING CAUSE OF home, etc.)		or about 21C. WHERE DID ice bldg., INJURY OCCUR?	(il la Boltimore	City, give exact location)		
AAEDO	21D-TIME (Month) (Doy) (Teal) (Hout) 21E, II OF INJURY While (APPROX.)	At Not While	21F. HOW DID INJ	URY OCCUR?			
	22. I certify that (I) (this hospital) attended the deceased from DEC 14 19 11 to DEC 15 19 71						
	Dad will a state of						
	and hour and fram the couses stated above. (1) (We) (did) (did nat) view the body after death.						
	23A. SIGNATURE 23B. DATE SIGNED,						
	L. Luiro.	DEGREE Phys.	ding Med.	Staff Phys.	Dec 15/7/		
	23C. PHYSICIAN'S NAME (Type) R. PINTO	2	SITAL HOS	01			
24	A. BURIAL CREMATION, 248. DATE 24C. NAN	DEGREE OF CRE			town, or county) (State)		
	D	don Park Ceme	atery Bal	ltimore, Mary			
2.	A. DATE REC'D ST HEALTH DEPT. 258. NAME OF		25C. FUNERAL DIRECTOR		ADDRESS		
Į.	DEC 17 1071 P.C. OF J. C.	#A0 0 0	Witzke, 1630	Edmondson Av	e., 21228		

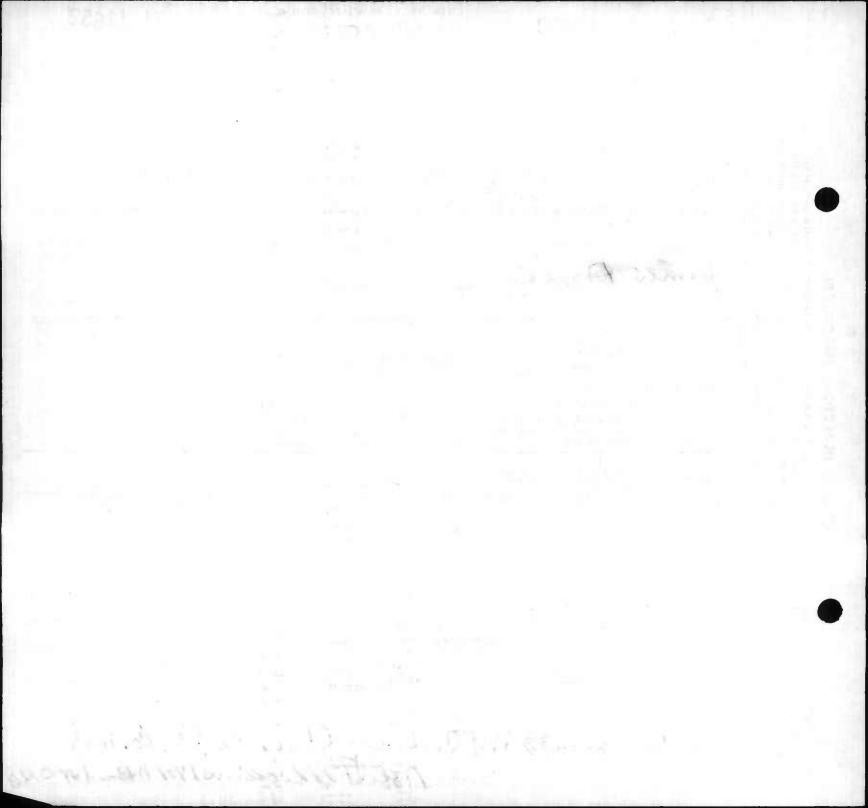
בַּבְּפָבָ	0-650 71 11651 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO.71 11651
oital and of death Deceased e on the	1. NAME OF DECEASED (Type or Print) Anna Orem 2. Date and Hour of Death 12/14/71
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission) A. STATE 8. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION] [C. CITY OR TOWN D. INSIDE CITY LIMITS?
0 8 9	5230 St. Charles Avenue Baltimore YES A NO
95 4 6	5230 St. Charles Avenue
trib min gol sed	5. SEX 6. RACE White 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In yeors lil Under 1 Yr. II Under 24 Hrs. Months; Doys Hours Min. Months; Doys Hours Min.
T 0 0 0 0	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?
if death rect or c (4) Undet was in the dec	retired clerk Embroilery Bus. Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
+	Bauer
assistant if the di ny kind; d death lance on r final di	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ul yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 214-18-6067 Mr. Henry Beck, Inwood Rd., Rte 5, Box 324
ass if t if t ny ed dan dan	18. 250-91 CAUSE OF DEATH SETWEEN ONSET AND DEATH
So Le control de la control de	LEADING TO DEATH ANIMARDIATE CAUSE ANIMARDIATE CAUSE ANIMARDIATE CAUSE
par par	heart foilure, ashenia, etc. It means the disease, injury at complication which caused death)
5 - F 0 m	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR ASA CONSEQUENCE OF:
_ OC v	ise to the above cause (A) stating the UNDERLYING CONDITION tast.
medica edical burns; hysicia n was remain	
2 0 5	TO THE DEATH BUT NOT RELATED TO THE TERMINAL
chi Bod the thysi	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
by the pital by re; (2) where No ph	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, factory, street, office bidg., INJURY OCCUR?
4 3 3 4	21D. TIME (Month) (Doyl (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
o e X pure	22. I certify that (I) (this-hospital) attended the deceased from 7, 19 62 to 27/197/
= 0	that (1) (we) last saw the deceased alive an Dec. 1951 and that in (my) (our) opinion death occurred on the date
ust be a based to dent of lospital death) must be	and hour and from the causes stated abave. (1) (We) (dtd) (dtd nat) view the bady after death. 23A. SIGNATURE
al character	Educa Besigno, 190 DEGREE Phys. Director Staff 19/5/7/
y was r y was r (1) An a y.A. at d prior approv	Dr. Edwin L. Pierpont 8204 Liberty Road
body was ws: (1) An B.O.A. at eased prio	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (Slote)
	burial 12/17/71 Western Cemetery Baltimore, Maryland 25A. DATE REC'D. BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

own, or county) and ADDRESS Witzke, 1630 Edmondson Ave., 21228 VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIM	ORE CITY HEALTH DEPARTMENT						
S-30071 11652 CERT	IFICATE OF DEATH REG. NO. 71 11652						
BIRTH NO.							
Type of Print LEONARD B SCOT	T. 12/12/71. 1 350 PM						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY						
FULL NAME OF OF HOT IN HOSPITAL OR INSTITUTION, GIVE ST							
HOSPITAL OR ADDRESS OR LOCATIONS	CCITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? YES R. NO						
T T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
UNION MEMORIAL HOSPI	1AL 2418 GUILFORD AVE						
5. SEX 6. RACE 7. MARRIED X NEVER MAI	tion /						
M B WIDOWED DIVO							
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR done during most of working life, even # refired)							
TEACHER.	SOUTH CAROLINA. USA.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
James Bull	EFFIE LYE						
15 Was Decayed ever in U. S. Armed Forces? (16. SOCIAL SECURITY !	17. INFORMANT ADDRESS						
25CORUL	MRS CARRIE SCOTT SAME AS ABOVE						
18. / 9 9 0 1 CAUSE	OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH	DIATECAUSE ASPIRATION OF GASTIRIC CONTENTS.						
heart failure, asthenia, etc. It means the disease.	TO, OR AS A CONSEQUENCE OF:						
injury or complication which caused death.)	STASTATIC LARCINGMA OF N3 wks.						
ANTECEDENT CAUSES (5)	ETASTATIC CARCINOMA OF N3 Wes.						
DISEASES OR CONDITIONS, If any, giving DUE rise to the above cause (A) stating the	UNKNOWN SOURCE						
UNDERLYING CONDITION last. (C)	VN KNOW N CONCE						
Z II							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE SIGNIFICANT CONDITIONS TO THE SIGNIFICANT CONDITIONS TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL CONDITIONS TO THE TER	10N 20A-AUTOPST? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJ OR CONTRIBUTING CAUSE OF home, form, foctory,	URY le.g., in et obout 21C. WHERE DID (If in Baltimore City, give exact location)						
C DEATH (notify medical examined)	, street office bidge INJURY OCCURY						
D 21D-TIME IMonth) (Doy) IYeo) IHoud 21E INJURY OCCU							
(APPROX) While At Work	Not While At Work						
22. I certify that (1) (this hospital) diffended the deceased from 11/29 19 7/ to 12/12 19 7/							
that (1) (we) lost sow the deceased alive on 12/12							
ond hour and from the couses stated obove. (1) (Ne) (ald) (did not) view the body after death.						
23A. SIGNATURE	23B DAJE SIGNED						
Chune L. Leddy M.D.	Attending Med. Stoff Phys. 12/12/7/						
23C-PHYSICIAN'S NAME (Type)	Union Memorial Hospital.						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME IN CEMET	DEGREE ERY of CREMATORY 24D. LOCATION City, town, or county) (Stole)						
REMOVAL (Specify)	elvany Cents, all Co. mal						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25 - JUNERAL DIRECTOR ADDRESS						
DEC 17 1971 Paber E. Farber M.D.	Blat Williams 1781 h Bond H QK						
VC 160 PSV 1/1/69							



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and VS 150-REV. 1/1/68

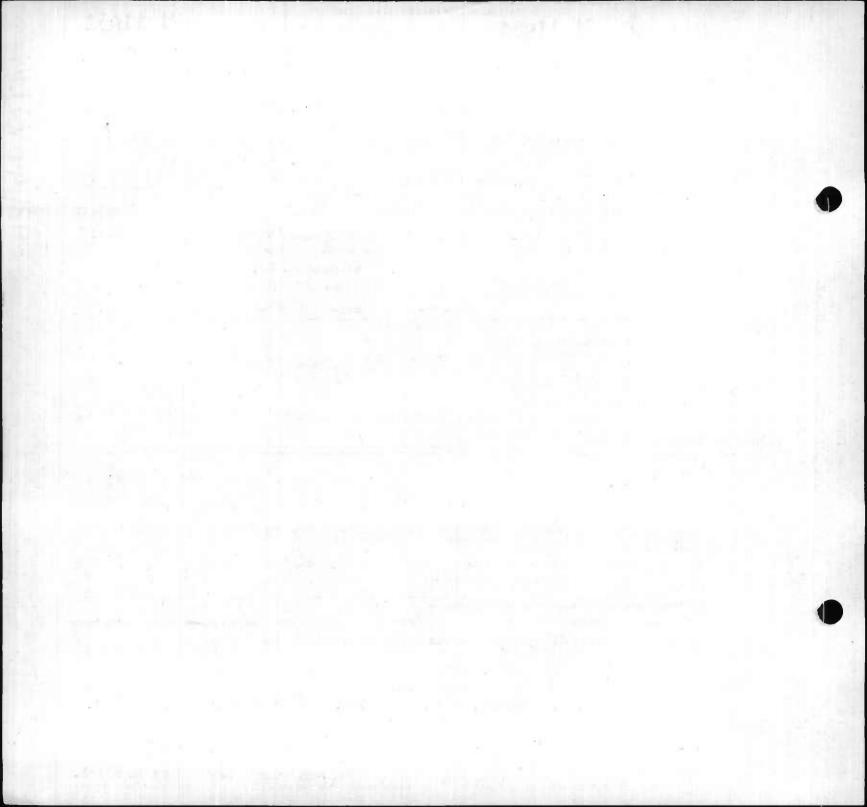
	1	71 11653 BALTIMORE CITY HEALTH DEPARTMENT 71 11053
		CERTIFICATE OF DEATH REG. NO. 12 11600
		Pe or Print) Kohert Carr 1030 Am
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE / B. COUNTY
	HC	LL NAME OF STREET OF ADDRESS OR LOCATION) LL NAME OF ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
78	1	incoln Memerral Nulsing Home Battimore YES NO]
		27N Cakey St.
	5. S	Make Neger Widowed Divorced 4-25-1900 Widowith Doys Hours Min.
		LOSUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
2		untinous Inknown
	15. \ (Yes	Wos Deceosed Ever in U. S. Armed Forcos? s, no or unknown) (If yes, givo wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.
		18. / CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
		17his does not meon the made of dying, e.g., heart faiture, asthenia, etc. It means the disease,
		ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES
		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: ise la the obove couse (A) stating the
		UNDERLYING CONDITION lost. (c)
	VION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
	ERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? DEATH (notify medical axominet) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR?
	ă	21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
		(APPROX.) While At Not While At Work At Work
	- 1	22. I certify that (I) (this hospital) attended the deceased fram 7 - 19 / ta 7 - 19 / ta that (I) (we) last sow the deceased alive on 7 - 19 / ond that in(my) (our) opinion death accurred an the date
		and hour and from the causes stated above. (!) (We) (did) (did nat) view the body ofter death.
		176-1- Oay Latell, My Attending Med. Staff 11-18-71
		23C. PHYSICIAN'S NAME (Type) J. BAYKALER, M.D. 23D. ADDRESS 301 Mc Mechen St. Battimore, Mr.
à	24A	BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, of county) (State)
	25A.	DATE RECED BY HEALTH OPPY 258, MAME OF REGISTRAR 255, EUNERAL DIRECTOR ADDRESS
:		DECITION Valent & Jacken M.D.

8/14/2/ 4200 Maine Ave 2/207

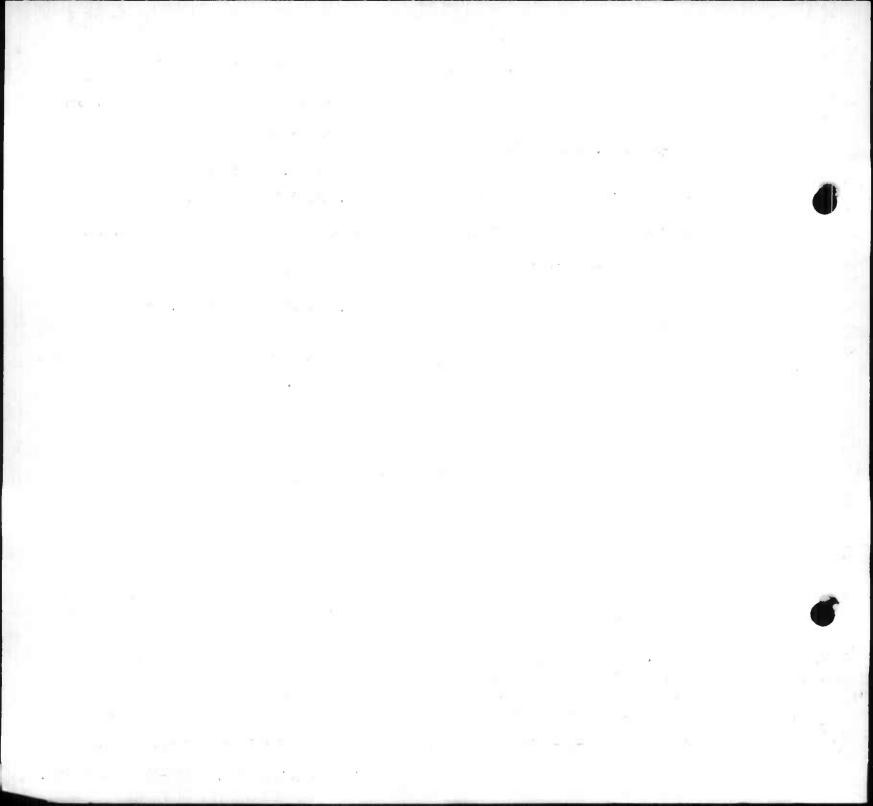
W ...

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1	1	-200	71 11	e54		HEALTH DEPARTMENT	REG. NO	1 11654
and ased the the	BIRTH NO. 1. NAME OF DECEASED 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH							1
deatl deatl cease on th	{Type	or Print)	JAMES GARLA	ND DIGG	S	Dec.	13, 1971	м.
spit e of 5) De nce eath	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI INSTITUTION 2411 W. Lanvale Street					4. USUAL RESIDENCE (Whe A. STATE B. COUN Earyland		institution: residence before odmissign)
l in a ho rang cause; (sattenda attenda						c.CITY OR TOWN Baltimore	D. INS	SIDE CITY LIMITS? YES NO
ting d cau						E. STREET AND NUMBER 2411 W. Lans	vale Street	
contribution regular r	5. SE	x ale	6.RACE Colored	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-2-1905	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
if death occurrect or contrib (4) Undetermin was in regul the deceased sposition is ma	done	during most of w	orking life, even if retired)	Post C		11. BIRTHPLACE (Stote or fore Richmond, Vii	rginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
rect (4) U wa the ispos		ather's Nam	L. Diggs			14. MOTHER'S MAIDEN NAM Alberta M. Pac		
did,			Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	0433 55 7	ADDRESS
if the any kin ced deced deced deced or fina	N	B. 1 / 7		_	214-26-5096 CAUSE OF DEATE	Sarah Diggs -	2411 W. La	APPROXIMATE INTERVAL
medical examiner or ledical examiner. Als burns; (3) A fracture o hysician who pronou n was in regular att	NC	heori foilure, a injury ar camp A DISEASES O ise la lhe UN DERLYIN G	of mean the mode of asthenia, etc. If meons to asthenia, etc. If above cause (A) CONDITION lost,	the disease, death.) any, giving stating the	(B)OR AS	SE Carcinana A CONSEQUENCE OF:	<i></i>	
by a mec by a mec 2) Body bure re the phy physician	0 1	DISEASE OR CO	DIT NOT RELATED TO	DITION FOR			o) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
== ====================================	CAL CERTIFI	DIA. ACCIDEN OR CONTRIBU DEATH (notify	T WAS UNDERLYING TING CAUSE OF	21 B hon etc.	ne, form, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact lacotion)
pt pt (6)	MEDI	PID. TIME OF INJURY APPROXI	(Month) (Doy) (Year)		INJURY OCCURRED ile At Not While At Work	21F. HOW DID INJ	JURY OCCUR?	
an a					he deceased from	NN 16	19 / 0 to op	Nov 1 1977, sinion death occurred on the date
must be a eleased to ccident of a hospital to death)	2	3A. SIGNATU	Jan IV	red above. (Are Phys	- 1	Staff Phys.	23B. DATE SIGNED (X) 4e /6,/97/
0 - 0 - 0		NAME (Ty	Samuel V	_	v, M. D.	7211 Park Heig		
d d d		BURIAL CREA	pecifyl		AME of CEMETERY of CRE			City, town, or county) (Stote)
This certif the body shows: (1) was D.O deceased written a		Burial	12-16-		of REGISTRAR	25C. FUNERAL DIRECTOR	Baltimore,	Maryland
This the backwas was dece		OFC 17	1971 Robeil	ENEB		Mary-Elizabe		



BALTIMORE CITY HEALTH DEPARTMENT 71 11655 71 11655 REG. NO. CERTIFICATE OF DEATH of death Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH December 16, 1971 (Type or Print) WOOTEN uo o FILEN death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY attendance Maryland COUSE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES NO prior 128 S. Castle Street 5 E. STREET AND NUMBER contributin etermined regular 210 S. Durham Street Ď 5. SEX 6. RACE 9. AGE IIn years last birthdayl 79 8. DATE OF BIRTH If Under 1 Yt. 7. MARRIED NEVER MARRIED deceased Il Under 24 Hrs. Hours Min. White Feb. 23, 1892 Female WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if refired)
Housewife U.S.A. Own Home Tennessee 10 SD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct 3 George Binnie Mandy Morgan eath O 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance 128 S. Castle Street Mrs. Blanch Guy Ö any pronounced 9 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY of mbalmed LEADING TO DEATH 3-4 rus fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, examiner. regular DIRECTOR injury or complication which caused death.) ANTECEDENT CAUSES 9 ō (B) DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any. 3 <u>ල</u> rise to the abave cause (A) stoling the physician UNDERLYING CONDITION last remains medical Was burns 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body 19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. KUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED 8 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 here 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, farm, foctory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exoct location) hospital °N MEDICAL DEATH inotify medical examined nature; 3 obtained 21D. TIME (Month) (Day) (Year) (Houd 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except ; and (6) Not White While At p IAPPROX. duy 22. I sertify that (1) (this haspital) attended the deceased fram. that (1) Iwe) last saw the deceased alive an. and that in (my) (our) opinion deoth accurred on the dote 90 death) hospita and hour and from the causes stated above (1) (We) (did) (did, not) view the body after death. eased ent 23A. SIGNATURE 23 B DATE SIGNED accid Attending \ Med. Staff Phys. 0 approval Phys. Director BEGREE ō 23 C. PHYSICIAN'S prior 23D. ADDRESS at 50 24A. BURIAL CREMATION. 24B. DATE deceased 24C. NAME of CHMETERY OF CREMATORY 24D. LOCATION 0.0 body REMOVAL (Specify) shows: 12-20-1971 Burial Sacred Heart Baltimore County, Maryland Was 25A, DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR the 25C. FUNERAL DIRECTOR Lilly & Zeiler Inc. 1901-07 Eastern Ave. VS 150-REV. 1/1/68

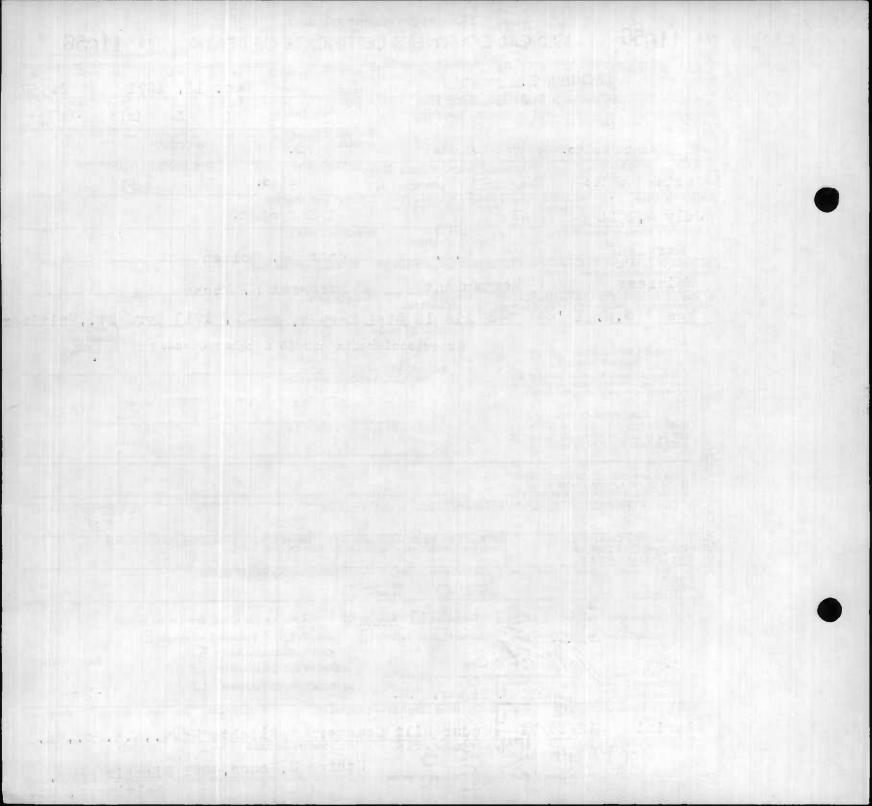


G 4 35 74 11656
BIRTH NO.

L. NAME OF DECEASED

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH,	FG NO 1	1165
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BIRTH NO.	KEG. NO.	
I. NAME OF DECEASED LEONORA M. GOLDEN	2. DATE Known X Month Doy OF DEATH Estimoted Dec. 12, 19	Year Haur 2:55R.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy PRONOUNCED DEAD 12 12 5. USUAL RESIDENCE (Where deceased lived, If Institution	Yeor Hour 1971 2:55p M.
South Balto. General Hospital	A. STATE Md. B. COUNTY	2404
6. SEX 7. RACE 8. MARRIED NEVER MARRIED X		TY LIMITS?
female white widowed DIVORCED	Balto.	res 🖺 NO 🗌
9. DATE OF BIRTH July 4, 1922 10. AGE (in years H Under 1 Yr. Under 24 Hrs. Months Days Hours Min.	1713 Byrd St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Maryland WHAT COUNTRY?	Jame M. Golden	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Waitress Restaurant	15. MOTHER'S MAIDEN NAME	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give wor or does of service) SECURITY NO.	18. INFORMANT	ADDRESS
Yes W.W.11 44 "48 216 18 41 (41 Mary A. Stone, 1713 By	ord St. Baltimor
DISEASE OR CONDITION DIRECTLY Arterioscle	erotic cardiovascular disease	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAUSE	
	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (8)		
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	2!. AUTOPSY? (Yes or No) yes
22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, farm, loctory, street, office	In or obout 22C. WHERE DID (If in Baltimore City, give extended, etc.) INJURY OCCUR?	act location)
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT AT WORK	WHILE WORK	
	topsy 🗵 and that on this basis, death in my	
ACTUAL SIGNATURE ACTUAL	CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	12-13-71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)		n, or county) (State)
Burial 12/16/71 Cedar Hill		A.A.Co.Md.
DEC 17 1971 256 NAME OF REGISTRANTAL	25C. FUNERAL DIRECTOR	DDRESS
/S 151-REV. 1/1/68	George J.Gonce, 4001 Ri	
	0 5 7 B	altimore, Md.

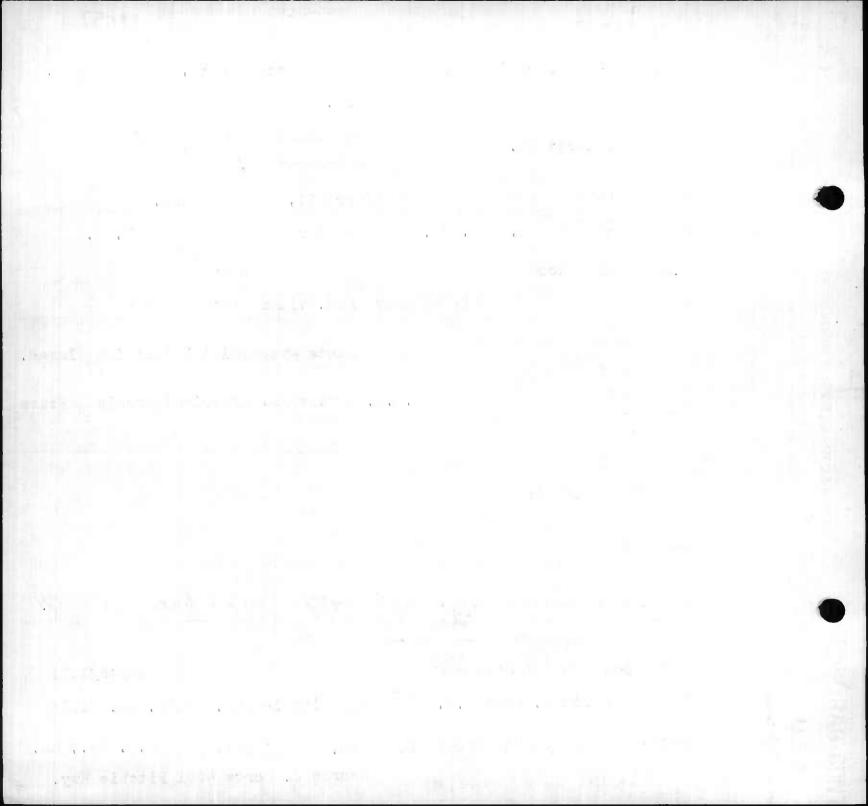


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	BALTIMORE CITY	/ HEALTH	DEPARTMENT
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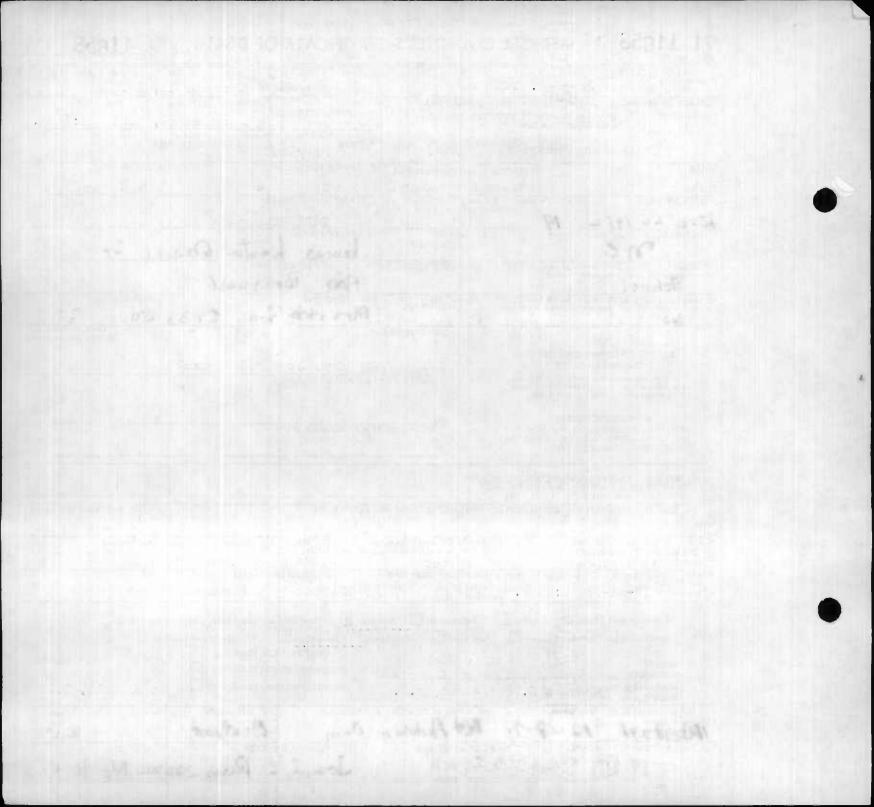
REG.	NO.	71	1	45

BIRTH NO.	L TTPO		CERTIFICA	TE OF D		D HOUR OF DEAT	Н
Type or Print)	lexander Fr	anklin	Wood			mber 15.	1971 6:45 P. M
	LTIMORE, MARYLAND, W			4. USUAL RESI	DENCE (When	e deceased lived. II	institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Md.			2534
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOV		D. 11	NSIDE CITY LIMITS?
00	4 Talbott	St.		Baltir			YES NO NO
00					bott S	t.	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	TH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	White	WIDOWED		March 1	11, 18	93 78 y	rs.
one during most of	f working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
wareho		A. &	P. Co.	Maryla			U. S.
3. FATHER'S NA				14. MOTHER'S	MAIDEN NA!	ΛE	
	xander Wo		13 (-20 2)			MeCatthy	A-0.2016
les, po or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces? es of service)	215 05 298	17. INFORMANT		YAY A	ADDRESS
NO					Viloa	Wood	Same
1B. 4 /	0.91		CAUSE OF DEATI	4			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DI	RECTLY		Acut	Mana		
(71)	LEADING TO DEATH	1. 1	(A) IMMEDIATE CAU			ardial I	nfarction Immed.
	not mean the mode of , asthenio, etc. It means		DUE TO, OR AS	A CONSEQUENCE	OF:		
	mplication which coused						
	ANTECEDENT CAUSES		C.V.	A. & Cer	rebral	Arterio	sclerosis Years
DISEASES	OR CONDITIONS, if	ony, giving		A CONSEQUENC			
	he above cause (A)	sloling the					
UNDERLTIN	IG CONDITION lost,		(C)				
Z		NITE OF THE O					
TO THE DEA	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T	HE TERMINAL					
	CONDITION GIVEN IN PAI F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPS	Y? (Yes or No	20B. IF YES. WE	RE FINDINGS CONSIDERED
19A.DATE O	WAS PER		THE STEER STEER		lo		CAUSES OF DEATH?
J 21A. ACCIDI	ENT WAS UNDERLYING		PLACE OF INJURY (e.g., i			(If in Boltin	more City, give exoct location)
DEATH (notif	SUTING CAUSE OF Ty medical examiner)	hom etc.	e, form, foctory, street, of	fice bldg., INJUR	Y OCCUR?		
21 D. TIME	(Month) (Doy) (Yeor)	(Hour) 21E.	INJURY OCCURRED	21F. H	OW DID INJ	URY OCCUR?	
OF INJURY	,	Whi	ile AI Not Whil				
		Wo	- A		, ,	000	5/
22. I certif	y that (1) (this bespite	L) ottended ti	he deceosed from	in 1969	/	19 6 9 to AX.	ec /5 19//
that (I) (we	lost saw the decease	ed olive on	goec 1	19.7/	and th	otin(my) (= or) o	pinian deoth occurred on the dot
ond hour or	nd from the causes sto	ted ab ve. (1) (We) (did) (did.not) v	iew the body o	fter deoth.		
23A. SIGNAL	URE	111	7 110				238. DATE SIGNED
7	nano to	Glad		nding M	led.	Staff Phys.	12/16/1971
23C. PHYSICI	AN'S		DEGREE	23 D. ADDRESS	1100101	,	22/ 20/ 2// 2
NAME	Mario .	J. Reda	M.D.	4016 Ri	tchie	Hwy Bal	lto. Md. 21225
4A. BURIAL CR	EMATION, 24B. DATE		DEGREE			OCATION	(City, town, or county) (Stote)
REMOVAL	(Specify)						
Buria	1 10/10	12000		Acres.	-		
SA. DATE PECT		/1971	Cedar Hill	Cem.	Ri	tchie Hwy	A A G
25A. DATE REC'I	12/18, D BY HEALTH DEPT.	/1971 25B. NAME C	Cedar Hill]	25C. FUNER		tchie Hwy	A.A. Co.m Md.
25A. DATE REC'I	C 17 1971 2	1971 25B. NAME C Be. B. E. S		25C. FUNER			A A G



D540

71 11658 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 11658
I. NAME OF DECEASED ((Type or Print)) JAMES L. DANIEL	2. DATE Known D Manth Day Year Hour OF Estimoted December 11, 1971
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy Year Hour PRONOUNCED DEAD December 11, 1971 1:26 A. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
Lutheran Hospital (DOA)	A. STATE Maryland B. COUNTY 333
6. SEX 7. RACE 8. MARRIED NEVER MARRIED MARRIED MINORCED DIVORCED	Baltimore D. INSIDE CITY LIMITS?
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthday) Months: Days Hours Min.	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	Lewes hester Daniel St
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done durles most of working life, even if refired)	Ada Brasadl
(Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	Mrs Ada Goas 2438 BHL ug St
(this does not mean the mode of dying, e.g., heart foilure, eathenia, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	CAUSE Gunshot wound of back AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 12-11-71 1:05 A. m. WORK AT WORK	In or obout 22C. WHERE DID (If in Boltimore City, give exact location) 1800 block Lormon Street 22F. How DID INJURY OCCUR? Shot by unknown assailant
actual Signature Charles S. Springate, M.D. Note that I held on Inquiry Inspection Au resulted from: Noteral couses Accident Suicident Actual Signature Charles S. Springate, M.D.	ond that on this basis, death in my opinion de Homicide W Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER December 11, 1971
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) 12-18-71 Mr Accident	M A A
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR OF C. 17 1971 Police E. Jaber M.D.	Lose of L. Run 22020 North Auro
VS 151-REV. 1/1/68	4654



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

Such

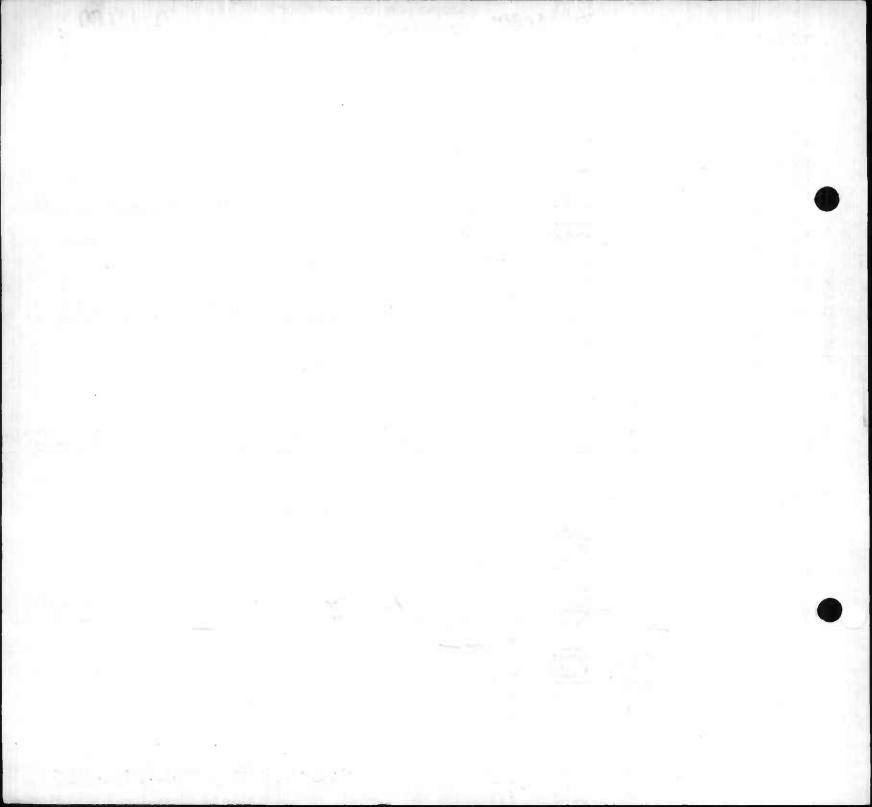
	BALTIMORE CITY HEALTH DEPARTMENT								
	RIPT	HNO. 71 11659 CERTIFI	TE OF DEATH REG. NO.						
	1, N/	AME OF DECEASED	000	2. DATE AND HOUR OF DEATH SS 12-2-7/ 14-55 A.					
	3. PI	LACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)					
			- 11	A. STATE B. COUNTY					
	HO!	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STATE OR ADDRESS OR LOCATION) TITUTION	- 11	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
				Baltimore YES P NO [
	3	Macan	E. STREET AND NUMBER						
		TICKCY	Armstand Hotel Wollday and Fayotle Sta						
	5. \$1	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCE		8. DATE OF BIRTH 3-3-32 9. AGE (In years lif Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.					
		USUAL OCCUPATION (Give Lind of work 108, KIND OF BUSINESS OR IND							
	done	during most of working life, even if retired)		Nashuille Tenn U.S.A					
	13. F	ATHER'S NAME	1	14 MOTHER'S MAIDEN NAME					
	1	?La Ester		Nargaret 1 : Conner					
	15. W	Wes Decessed Ever in U. S. Armed Forces? , no or unknown) (if yes, give war or dates of service) 16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS					
	1103	no or unknown) (If yes, give war or dates of service) SECURITY NO.		men Hors					
		18. // X CAUSE OF	DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
		DISEASE OR CONDITION DIRECTLY		arabi					
		(This does not mean the mode of dying, e.g.,							
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	OK AS A	A CONSEQUENCE OF:					
		ANTECEDENT CAUSES	On 1	eumonia Belatival 12 days					
		(8)	OR AS A	A CONSEQUENCE OF:					
		rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)							
		11							
	ON O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
	CAT	DISEASE OF CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION		[20A.AUTOPSYZ (Yes of No)] 20B. IF YES, WERE FINDINGS CONSIDERED					
	CERTIFICATION	WAS PERFORMED Traches To		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	8	21A. ACCIDENT WAS UNDERLYING	(e.c. in	n or obout 21C. WHERE DID (If In Boltimore City, give exact location) fice bidg, INJURY OCCUR?					
	CAL	DEATH (notify medical examined)	rees on	nee negativeer occou					
	ā	210. TIME IMonth) (Doy) (Year) (Hour) 21E INJURY OCCURRE		21F. HOW DID INJURY OCCUR?					
	>	While At The No.	While Work	· 🗆					
		22. I certify that (I) (this hospital) attended the deceased from	T	UV 21, 7 197/10 June 2 197/					
		that (1) (we) last sow the deceased alive on 12.2	W	19ond that in(my) (our) opinion death occurred on the date					
	ond hour and fram the couses stated obove. (I) (We) (dld) (dld not) view the body after death. 23A. SIGNATURE Attending Med. Staff 12/4/2								
5		DEGREE	Phys.	Inding Med. Staff Staff Director Phys. 12/2/2 23D. ADDRESS					
		23C-PHYSICIAN'S NAME (Typel	1	Mand Man					
2	24A	BURIAL CREMATION, 1248, DATE 124C, NAME OF CEMETERY	DEGREE	MATORY 24D. LOCATION (City, town, or county) 15tate)					
		REMOVAL (Specify)		M. B. W. WAN					
	25A	DATE REC'D BY HEALTH DEPT. 1258, NAME OF REGISTRAR	eny	25C, FUNERAL DIRECTOR ADDRESS					
		DEC 17 1971 Justil E. Jaiber, M.D.		JOSEPH, L. Rum 2222 W. North Acco					

222 W. North Ave

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death (6) No physician was in regular attendance on the deceased prior to death. Such was an experient of a physician was an embalmed or final disposition is made.

	10	11 11-1	29.4	44.00	0	BALTIMORE CITY	HEALTH	DEPARTMENT		1-7	1 11000	
		VI-456		1166	U (CERTIFICA	TE O				1 11660	2
	1. N. fTyp	AME OF DECEASE	NER	RU	Th	K.		2. DATE	- 15 -	DE DEATH	1145	15 PM.
	3. P	LACE IN BALTIMO	RE MARYLAND	, WHERE PRO	NO UN CED	DEAD	A. STAT	L RESIDENCE (W		lived. If inst	itution: residence be	fore admission)
	fU1	LL NAME OF	IF NOT IN HO	SPITAL OR INS	NOITUTITA	GIVE STREET	M	0		10 10 10 10	/6	1.0 mg
1	INS	INTUNON				11 .1	2	ORTOWN	350		YES NO	
T	1	NION	ME	MOR	19/	Hospital	E. STRE	T AND NUMBER				
						/	14-		- / - (uay	_2/2/	
	5. \$	EX F 6. RA	W	7- MARRI WIDOW		VER MARRIED [B. DATE	22/13	9. AGE (In	years y	Months Doys Ho	Under 24 Hrs. urs Min.
		USUAL OCCUPATI		ad) I		,	11 = METI	IPLACE (State or			12. CITIZEN OF WI	AT COUNTRY?
	VI	CE-PRES	4.4		eus,	port. Fu	N	BRY	LA	ND	0 5	. Q.
	13.	HER'S NAME	DY	KRC	011		14 MOT	HER'S MAIDEN I		BE A	TUER	
	15, V	Was Deceased Ever	in U. S. Armed	Forces	1 6. 50		17. INFO				ADDRESS	
	lies	AC)	es, give war or	doles of service	211	CURITY NO. 2-31-0124	PAC	L A. MI	OLNE	R (SAME)
	ΤÍ	18.///2.4	1		10111	CAUSE OF DEAT				=	APPROXIM	ATE INTERVAL
3			CONDITION					EREBRE	1//10	5 4 /2	V.	deat
		(This does not m	ean the mode	of dying, e		(A) IMMEDIATE CAL			3000		C / C C	600
3		heart failure, asthe injury or complica	inia, etc. It me tion which cau	ans the diseased death.)	se,	//	1	_	/	2		
		ANTE	CEDENT CAU	SES		(8) /+/	2	no	1000	11	essure	
		DISEASES OR C	ove cause	(A) stating		DUE TO, OR AS	A CONSI	QUENCE OF:	EROKO	c Ce	12210 V	Diseax
		ONDEREING CO	11			(C)						
	NO O	OTHER SIGNIFICAN TO THE DEATH BU									4	
	CAT	DISEASE OR CONDI	TION GIVEN IN	PART 1 (A).		OPERATION	[20A.	AUTOPSY? (Yes or	No) 20B, 1F	YES. WERE FI	NDINGS CONSIDE	RED
	CERTIFICATION	0	WAS	PERFORMED				no		IFYING CAU	NDINGS CONSIDER SES OF DEATH?	
10100		21A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi	AS UNDERLYING CAUSE OF		218 PLACI home, form etc.)	E OF INJURY (e.g., factory, street, c	n or obout flice bldg.	21C. WHERE DIE) (I	f In Boltimore	City, give exact loca	tian)
9		21 D. TIME (Mo	nth) (Day) (Y	eoil (Houd		RY OCCURRED		21F. HOW DID	INJURY OCC	U R?		
	8	(APPROX.)			White At	Not Whi		431				
100		22. I certify that	(1) (this hose	ital) attende	d the dec	eased from /	> -	14	19 7/	ta/3	-/5	19_Z/
		that (1) (we) last	saw the dece	eased alive	on	-/5	19	7/and	that in(my)	(aur) apin	ian death accurre	d an the date
		and have and fra	m the causes	stated above	e. (1) (We)	(did) (did not)	view the	bady after dea	th.			
must		23A. SIGNATURE	MOTO	ilnes	10		ending [Med.	Staff		12 - 15	-1871
8		23C.PHYSICIAN'S	ffile	que	COC	DEGREE Phy	23D. ADD	Director ∟ RESS	Phys. LXI		1/2	
approval		PHYSICIAN'S NAME (Typel	s A.	BATT	ilan	12 HO DEGREE		1.0N	ME	uonic	31 /02/	n'tal.
	24A	REMOVAL (Specif	ON, 248. DAT	E 240	C.NAME o	CEMETERY of CI	EMATORY	240	LOCATION	(City	, town, or county)	(State)
100		Burial	12-1	8-71		aine Par			Balto	., Cc		Md
WFITTON	254	FC17 197	Pages		AE OF REG			4905		& Sons	Co., Md.	
	VS	150-REV. 1/1/68		1 7	-		6	1 0 0	(3)			



prior to death. Such

1	71 1166	BALTIMORE CIT	Y HEALTH DEPARTMENT	
R	7-340 TH NO.	CERTIFICA	TE OF DEATH REG. NO.	
1.1	AME OF DECEASED		2, DATE AND HOUR OF DEA	VH /1 11661
	Dudley,	-	12/16/71	3 · 30 av.
3.	PLACE IN BALTIMORE, MARYLAND, W	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission)
	LL NAME OF (IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET	Maryland	1702
IN	George Washington	Nursing Home		INSIDE CITY LIMITS?
0	607 Pennsylvania	a Avenue	Baltimore E. STREET AND NUMBER	YES K NO
	Baltimore, Mary	land 21201	1105 Tiffany Court	
5.		7- MARRIED EVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost biggst biggs	if Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
	enhale Negro	WIDOWED DIVORCED	4 7 12-20-97 74	Months Doys Hours Min.
don	. USUAL OCCUPATION (Give kind af work e during most of working life, even if retired)	LIOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	omestic	Pvt. Family	Virginia	United States
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Edward Brown		Fannie Taylor	
(Ye	Wes Deceased Ever in U.S. Armed Fore into or unknown) (If yes, give wor or dote	es of service) SECURITY NO.	Thomas Deane Brow	yn 2711 Griffin Ave
	No	218-03-056	Fannie Watson Law	vson 2314 Edgemont
	18. 4/2 31	CAUSE OF DEAT	" arterogelliote	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR		Dear Vinea	e Vella-
	(This does not mean the mode of	dying, e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	
	hearl foilure, asthenia, etc. It means injury or complication which caused			9
	ANTECEDENT CAUSES	(8)		
	DISEASES OR CONDITIONS, if a rise to the obave couse (A)	any, giving DUE 10, OR AS	SOMSEQUENCE OF:	4/12
	UNDERLYING CONDITION last.	siding the (c)	lyssy	flely
_	11	×//2)	441	
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE	NTRIBUTING HE TERMINAL	ily albert	3
CA.	DISEASE OR CONDITION GIVEN IN PARTIES. DATE OF OPERATION 198. CONT	IT 1 (A).	20A- AUTOBSYPTY SE, OF NOT 20B, IF YES, WE	
CERTIFIC	WAS PERF	FORMED	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21 C. WHERE DID (If in Bolt)	more City, give exact location)
S	DEATH (notify medical examiner)	etc.)		
WED	21 D. TIME (Month) (Day) (Year) OF INJURY	(Haur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	,
	(APPROX.)	Work Not While	·Palled	12/1/-1
	22. I certify that (1) (this haspital)	13 12	12 19 19 1a	12/16/19/
	that (1) (we) last sow the decease		2and that In (my) (our)	apinion death occurred on the date
	and hour and fram the causes state	ed abave (1) (We) (did) (did nat) v	lew the bady after deoth.	
	23A. SIGNATURE	Gerles MI	nding Med. Staff	23B DATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys	Director Phys.	12-10-11
	NAME (Type)	-	936 W. North A	venue
24A	Dr. Rich	DEGREE	Baltimore Maryland	21217
	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME el CEMETERY er CRE		(City, town, or county) (Stote)
25A	Burial 12-20-	71 Arbutus Memor	ial Park Baltimore	Co. Maryland
	DEC 17 1971 Pober 1	E. Jaber M.D.	NUTTER FUNERAL HOME	ADDRESS 3035 W NORTH AVE

VS 150-REV. 1/1/68

NUTTER FUNERAL HOME

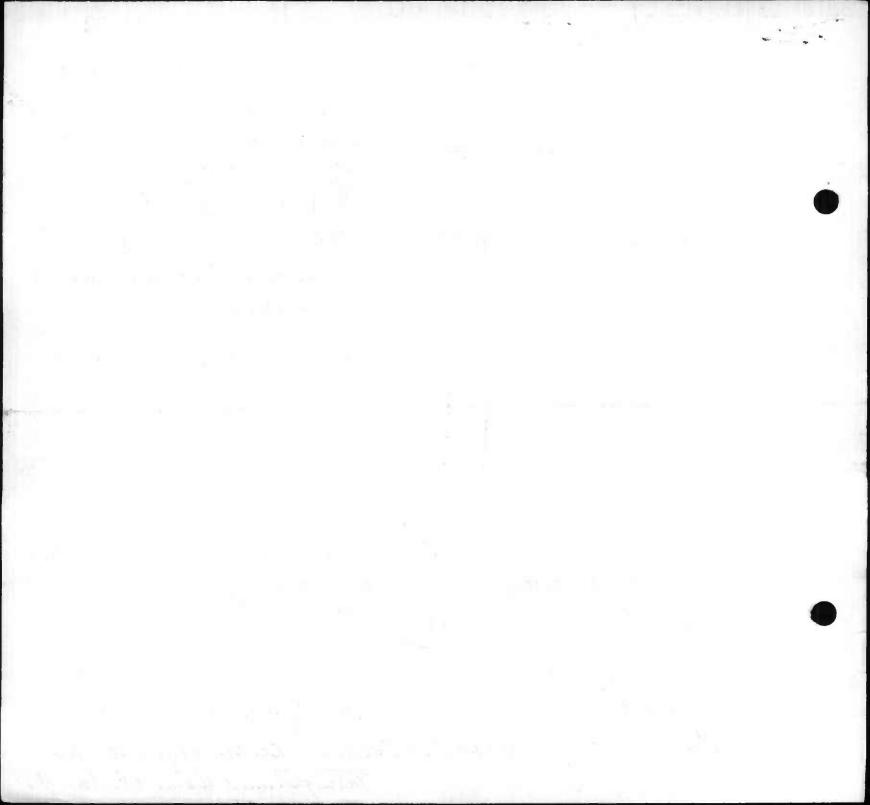
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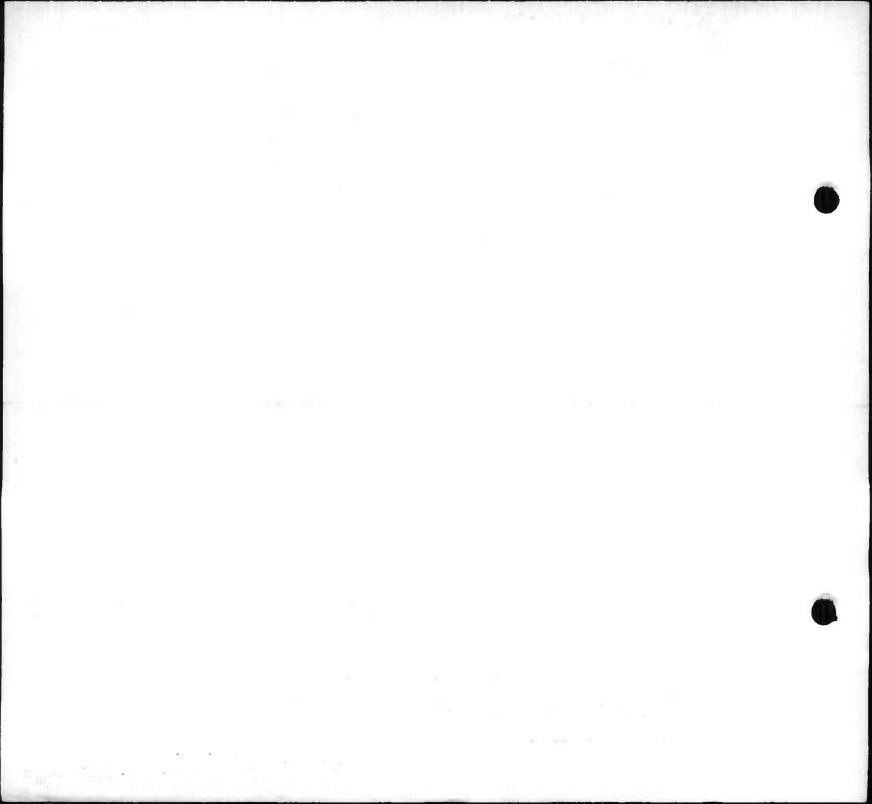
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

7-420	TE OF DEATH REG. NO. 71	11662
BIRTH NO. 71 11662 CERTIFICA	TE OF DEATH	
(Type or Print) JACOB SILLS III	2. DATE AND HOUR OF DEATH	1120 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE B. COUNTY	n: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
BOUNIN & MARYLAND HOSE	Churchville YES E. STREET AND NUMBER	□ NO □
6	Pt. 1 Box 47	5
MAKKED MEAN WAKKED	B. DATE OF SIRTH 9. AGE (In years of U lost birthday) , Map	nder 1 Yr. If Under 24 Hrs.
M CAUC WIDOWED DIVORCED	1 912 10 1 8	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country)	CITIZEN OF WHAT COUNTRY?
none none	Md	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JACOB SILLS UR) ANDRA VECCH	io (dec.)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or doles of service)	17. INFORMANT forther	ADDRESS
18. 8 1 2 1 9 SAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	SE SKULL tracture	82 hrs.
This does not mean the mode of dying, e.g., DUE TO, OR AS A heart failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:	;
injury at camplication which caused deeth.! ANTECEDENT CAUSES		
	A CONSEQUENCE OF:	
rise to the above cause (A) staling the UNDERLYING CONDITION last.		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)		
OISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN	GS CONSIDERED
19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 12 10 17 WAS PERFORMED 121A ACCIDENT WAS UNDERLYING TO 121R PLACE OF INJURY (A. I.	IN CEPTIEVING CALLSES C	OF DEATH?
OR CONTRIBUTING CAUSE OF	or obout 21C. WHERE DID (If in Boltimore City.	give exect location)
DEATH (notily medical examined)	= Rt. 22 + CORNS RD (Churchville)
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) 1-2 10 71 140 pm While At Work	passenger in c	at truckado
22. I certify that (X) (this hospital) attended the deceased fram	12/10 1971 10 12	13 1971
that (1) (we) last saw the deceased alive an 1213	19and that in (my) (aur) apinian d	eath accurred an the date
and have and from the causes stated abave. (1) (We) (did) (did not) vi	lew the bady after death.	
23A, SIGNATURE IND	nding Med. Stoff Co.	ATE SIGNED
GEGREE Phys.		2/13/11
PA Come MD	Min of Med Hoop, F.	sof Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE		or countyl (Stotel
Burcul 12/1711 Boldin Many 9	Edous Boldis U.A.	100 H.).
25A, DATE REC'D BY HEALTH DEPT. 25B, HAMA OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 17 1971, Visite & F. Jasher, M.D.	Tarring Lance Dance	alundeen hat
VS 150-REV. 1/1/68		



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	9	7	10	0); and (6) No physician was in regular attendance on the deceased prior to death. Such	þa	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death)	written approval must be obtained before the remains are embalmed or final disposition is made.	
	-	-		-	-	-	- 11

	0-520 71 11663	BALTIMORE CITY	HEALTH DEPARTMENT		Pris A A A Company
BU	ATH NO.	CERTIFICA	TE OF DEATH	REG. NO.	71 11663
1.1	NAME OF DECEASED			ND HOUR OF DEATH	
(1)	pe or Print) DENNIS, WILL	IAM	DE	C. 8. 1971	1 9 A.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	CED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceosed lived, If ins	titution: residence before odmission)
IN	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION STITUTION		C. CITY OR TOWN	BALTO CITY	DE CITY LIMITS?
H.E	BOLTON HILL NURSING & CONVALE	SCENT CENTE	BALTIMORE		YES NO NO
11	400 JOHN STREET		E. STREET AND NUMBER		
	BALTIMORE, MARYLAND 212		4081 MADE	EIRA STRE	61
3.		THE TEN MARKED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under I Yr. If Under 24 Hrs. Months: Days Hours Min.
	AALE WHITE WIDOWED L. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	DIVORCED ISINESS OR INDUSTRY	6-18-1890	814RS.	
dos	e during most of working life, even if retired)		11. BIRTHPLA CE (Stote or lor	eign countryl	12. CITIZEN OF WHAT COUNTRY?
		DENT ICE CO	U.5A.		U.S.A
113.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	SEBASTIAN DENNIS		KABLE		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (II yes, give wer or detes of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
U		216-03-2173	ADMISSION R	ECORD	BOLTON HILL
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUS		w disage	May
	heart toilure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	(0)	Courthit		-1114
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		7,000
	rise to the above cause (A) sloting the UNDERLYING CONDITION last.	(c)			
_	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
	DISEASE OR CONDITION GIVEN IN PART I (A). 198-DATE OF OPERATION 198. CONDITION FOR WHICH	CH OPERATION	20A. AUTOPSY? (Yes or N	ol 208 IF YES WERE EN	NDINGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
CAL	DEATH (notity medical examine)	orm, foctory, street, offi	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	City, give exect location)
MEDI	OF INJURY	JURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
<	(APPROX.) While A	Not While At Work			
	22. I certify that (I) (this hospital) attended the d	leceased fram	7/23	1968 to	12/8 10 71
	that (i) (we) last saw the deceased alive an	12/	19 2/ and th		an death accurred an the date
	and have and from the causes stated above. (1) (W	(e) (did) (did nat) vi	ew the bady after death.		
	23A. SIGNATURE	2	dia S No.		238. DATE SIGNED
	23G. PHYSICIAN'S	DEGREE Phys.	ding Med. Director	Shoff Phys.	12/8/71
	NAME (Type)	23	D. ADDRESS		0.0
24A	BURIAL CREMATION, 1248, DATE 124C, NAME	DEGREE	VE. OKA	0 57 1	OFITU MO
	REMOVAL (Specify)	OF CEMETERY OF CREAT			town, or county) (Stole)
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF RI			BALTO. MD.	ADDRESS
	DEC 17 1971 Page & Jabon 1		Chimune	uneral Homes,	Inc. 3331 Brehms
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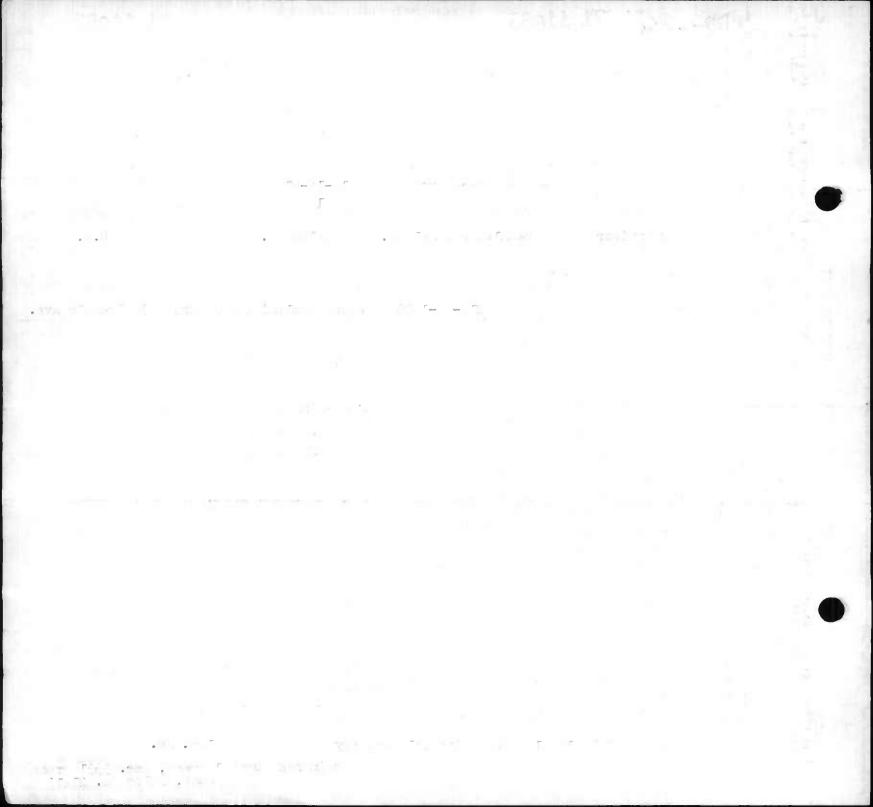
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

K-200 71 116	CA BALTIMORE CITY	HEALTH DEPARTMENT	71 11664
K-200	CERTIFICA	TE OF DEATH REG. NO	\T 1100 +
I. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	·····
(Type or Print) 50HN 8 K	ASE	DELEUBER 6	3 1 11:300 "
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It in	stitution residence before admiresian)
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MORYLOND	2643
HOSPITAL OR ADDRESS OR LOCATIONS	THE HOLY OFFE STREET	C. CITY OR TOWN D. INSI	DE CITY LIMITS?
44		BACTIMERE	YES NO 🗌
	- 01 1	E. STREET AND NUMBER	
	SPITOL		WE
A A	THEASK WOKKINSD	8. DATE OF BIRTH 9. AGE (in years lost birthday)	Months Days Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 108, KIND		06-02-08 63	12 CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if refired)	.H1 - 2.1 -1 - 1 - 1 - 1	and the second of the second s	12 CHIZEN OF WHA! COUNTRY
	Foster Equip. C		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
James Kase		Maggie Bottoms	
15. Was Deceased Ever is U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	246-18-3185	Della Kase (wife) same	address
18. 200, 11	CAUSE OF DEATH	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH (This does not mean the mode of dying, a	(A) IMMEDIATE CAU		
heart failure, asthenia, etc. It means the disea		A CONSEQUENCE OF:	
injury or complication which caused death.)			
ANTECEDENT CAUSES	(-)	nd hotosis	
DISEASES OR CONDITIONS, if any, giving the property of the pro	the	A CONSEQUENCE OF:	
UNDERLYING CONDITION lest.	(c) (y)	APHOSBRCOMD	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING	G AL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		[20A. AUTOPSY? (Yes of No.)] 20B. IF YES, WERE	ENDINGS CONSIDERED
19A-DATE OF OPERATION 19B CONDITION FO WAS PERFORMED	A WHICH OFERHIOR	NO IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID (II In Baltimor	e City, give exoct location)
□ < DEATH (notily medical examined	nome, form, lactory, street, of etc.)	nee bidg. INSURT OCCUR	
21D-TIME (Month) [Doy) (Year) [Houd OF INJURY	TE INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
	While At Work Not While At Work	• [
22. I certify that (i) (this hospital) attende		2/3 10 7/ 10	17/9 / 10/1
	- 1		
that (i) (we) last saw the deceased alive o	1	•	nion death occurred on the date
ond hour and from the causes stated above	. (i) (We) (dld) (dld not) v	lew the body after death.	23 B, DATE SIGNED
23A. SIGNATURE	Atte	nding Med. Staff	12 10 121
	DEGREE Phys	Director Phys.	149 11
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
C.EGRE VILLARON	INTERN DEGREE	3368, dua (A)	ert SP.
REMOVAL (Specify)	NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (C	ity, town, or county) (Stote)
	Gardens of Baitl		
	LE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 17 1971 Valent E Va	Ben M.D.	Schimunek Funeral Home	
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	0 .1	1 7	1 11	065	BALTIMORE	CITY	HEALTH DEPARTA	MENT		P74 4	14005	
ВІ	A-16	0 '	20 1.1	.500	CERTIF	CA	TE OF DEA	TH	REG. NO	/1 -	11665	
	NAME OF DEC	EASED					2. 1	DATE AN	D HOUR OF, DEAT	н		
1117	pe or Print)	HARRE	24	17. 1	UBREV	-	245	12	19/11	1	1 8,10) h
3.	PLACE IN BAL	TIMORE, MAI	MLAND, V	VHERE PRONC	UNCED DEAD		4. USUAL RESIDEN A. STATE	CE (Whe	re deceased lived. II	institution	residence belore	odmission)
H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT	IN HOSPIT	AL OR INSTI ATION)	TUTION, GIVE STREET		C. CITY OR TOWN	CIVE	In th	ISIDE CITY	ON G	3
1	44						9 FT308		-	YES'X	_]
	SOIUC	ME	FMOR	IDL	HOSPITA		E. STREET AND NU		NOON I	RIVE	ne la	
5.	SEX	6. RACE		7-	NEVER MARRIED		B. DATE OF HETH	13	9. AGE (In years	If Und	er I Yı. If Un	der 24 Hisa
	M	M		WIDOWED	DIVORCE		10-05-	01	lost birthdoy)	Months	Doys Hours	Min.
dor	e during most of	JPATION (Give working life, eve	kind of world if refired)	IOE KIND O	F BUSINESS OR INDI	USTRY	11. BIRTHPLACE (Sto	te or forei	ign country)	12. CIT	IZEN OF WHAT	COUNTRY?
	Supe	rvisor	•	Bethl	ehem Steel	Co.	Balto	Md.			U.S.	
13.	FATHER'S NA	AE .					4. MOTHER'S MAI	DEN NA	ME			
	1200	J. M. Co	NBRE	EVI	60		MORE	DR E	FT 689	FY		
15. (Ye	Was Deceased s, no or unknown	Ever in U. S.	Armed For	ces?	SECURITY NO.		17. INFORMANT			(ADDRESS	
	no				213-07-103	0	Jean Gora	laki	(daughter)	1032	Lyndale	Ave.
-	18. 1/2/	, 9			CAUSE OF I	DEATH			,,		APPROXIMATE	INTERVAL
	DISEAS	E OR COND	ITION DI	RECTLY							BETWEEN ONSET	AND DEATH
		LEADING TO			(A) IMMEDIAT	E CAUS	E RESPIF	NTE	RY BRA	#5T		
	(This does n heart failure, injury at cam	asthenia, etc.	. It means	the disease	DUETO		CONSEQUENCE OF:		***************************************	enerilli enisen	***************************************	
l		NTECEDENT					0=0-00		11-	2.1		
		94 - 1			(B)	ND 46	CONSEQUENCE O	DC	WEMORR	10000		
	DISEASES C				DUE 10, C	JK AS A	CONSEQUENCE OF	C T	n sele			
	UNDERLYING	CONDITIO	N last		(c)	1-92	VERIOES	UV15	KOS (S			
_		- 11								-		
ATION	OTHER SIGNIF	H BUT NOTRE	LATED TO T	HE TERMINAL								
V	DISEASE OR C	ONDITION GIV	EN IN PAR	T T (A).	WHICH OPERATION		20A-AUTOPSY2 (Y	-a a Na	1 200 IS VCS 11400			
CERTIFIC	0	OTERATION	WAS PER	FORMED	WHICH OFERAIION		No		IN CERTIFYING C	AUSES OF	DEATH?	
CE	21A. A CCIDEN OR CONTRIBU	T WAS UND	ERLYING	218	PLACE OF INJURY	e.g., In	or obout 21 C. WHERE	DID	(If In Baltime	ore City, als	ve exoct location)	
CAL	DEATH (notify	medical exam	SE OF	hor etc.	ne, larm, foctory, stre 3	et, offi	ce bidg. INJURY OC	CUR?	,			
0.00	21D. TIME	(Month) (Do	y) (Year)	(Hour) 21 E	INJURY OCCURRED)	21F. HOW	DID INI	URY OCCUR?			
M	OF INJURY			W	ile At 🗀 Not	While	1	DID 1111	- R			
				We		Work	<u> </u>					
	22. I certify	that (I) (this	hospital) attended t	he deceased from.	1	5/1	1	9 11to	15/6	11	9
	that (I) (we)	last saw the	decease	d alive on_	149		19_7	_and the	at in (my) (our) op	Inlon deo	th occurred or	n the date
			uses stot	ed abave. (l) (We) (did) (did n	ot) vl	ew the bady after	death.				
H	23A. SIGNATU	RE		Andrew Control of the					\ /	238, DA	TE SIGNED	
	C.	90		1	DEGREE	Attendary Phys.	ding Med.		Shoff Phys.	1	2/9/71	
	23C. PHYSICIA NAME (T)	N'S (pe)			DEOREE	23	D. ADDRESS			\		
	(*18	SAS	WYWW	1495	100000		3301	2.	a (Alvo	to the	ST-	
24A	REMOVAL (S	AATION, 248, pecify)	DATE	24C. N	AME OF CEMETERY O	CREA	MATORY	24D. LC	70/10/	7.7	or county)	(Stote)
	BURIAI		12/13/		w Cathedral	Cer			Balto.			
25A	DEU I	THE RESERVE AND THE PERSON NAMED IN	PEPT.	25B. NAME	OF REGISTRAR		Sch Imun	ek Fi	neral Home	s, Inc	APPRESS	rehms
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

VS 150-REV. 1/1/68

	BALTIMORE C	CITY HEALTH DEPARTMENT 71, 11600							
£.	171-624 71 11666 CERTIFIC	CATE OF DEATH REG. NO.							
Suc	(Type or Print) MARSHALL, MADELINE MAR	RY DECEMBER 12, 1971 5:55 A. M.							
ŧ	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)							
death.	FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET HOSMTAL OR ADDRESS OR LOCATION)	MARYLAND 21230							
9	ST AGNES HOSPITAL	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
-		BALTIMORE YES XX NO							
prior le.	CATON & WILKENS AVENUES BALTIMORE, MARYLAND 21229	2004 GRIFFIS AVENUE							
9 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years last birthday) If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.							
is m	FEMALE CAUCASIAN WIDOWED DIVORCED LIOAUSUAL OCCUPATION (Give kind of work) TOR, KIND OF BUSINESS OR INDUS	02/09/207 17 54							
D.C.	done during most of working life, even if retired)								
P	Homemaker	MARYLAND U.S.A.							
9 8	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME							
on the deceased pr I disposition is made.	JAMES L MARSHALL , SR.	MARY A VERMILLION							
0-	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Ilf yes, give war or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS 21230							
endance of or final	No 217-48-3535								
P	18. CAUSE OF DE	ATH APPROXIMATE INTERVAL							
ou F	DISEASE OR CONDITION DIRECTLY	(Oural) - BETWEEN ONSET AND DEATH							
atter	LEADING TO DEATH	CAUSE MUMQO ENLO BARRALLIS							
diene.	This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease. A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:								
8.0	injury or camplication which caused death.)								
3 E	ANTECEDENT CAUSES								
regul	DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE OF:							
- 0	rise to the above cause (A) stating the	102 TOUN ILLA CHIF							
ns in	UNDERLYING CONDITION last, (c) HIJDUUSWA CH								
was	11								
707	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
0	M IDISEASE OF CONDITION GIVEN IN PART 1 (A)								
physician ore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
phy	W DIA A COMPANY WAS HAVE SAME TO	NO							
-		g, in or about 21C, WHERE DID (II In Baltimare City, give exact lacation)							
P. S	OR CONTRIBUTING CAUSE OF home, form, factory, street,								
S 8	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While At The Not W	21F. HOW DID INJURY OCCUR?							
. E	(APPROX.) While At Work Not Work At Wo	Vhile C							
and (6) Pobtained	22. I certify that (X(this hospital) attended the deceased from								
30	that XI) (we) last saw the deceased olive an DECEMBER	W.W. Control Control of the Gold							
st	ond hour and fram the causes stated above. (X) (We) (did) (3(3(3))	X view the body after death.							
death) must be	23A. SIGNATURE	23B, DATE SIGNED							
prior to	DEGREE P	Attending Med. Staff Nhys. X 12/12/71							
700	23C. PHYSICIAN'S	23D. ADDRESS BALTO MD 21229							
rio oro	SERGIO SAN PEDRO, M.D.								
d b	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF								
	REMOVAL (Specily)								
ritten	Burial 12-15-1971 Loudon Park Cer								
L	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS							
₽\$	OFFE IN THE USES E. TANKS, M. D.	Howard H. Hubbard, 4107 Wilkens Ave. 21229							

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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 71 11667 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) DUSHEL. MARY FRANCES **DECEMBER 12 1971** 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE 8. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) BAITIMORF FULL NAME OF MARYLAND HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? AGNES HOSPITAL ARBUTUS YES T NO T CATON & WILKENS AVENUE E. STREET AND NUMBER BALTIMORE MARYLAND 21229 MAIDEN CHOICE LANE 21229 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 MARRIED NEVER MARRIED Yr. if Under 24 Hrs. Hours lost bighdoy Months Doys 09 08 77 FEMALE WHITE WIDOWEDK DIVORCED IDA USUAL OCCUPATION Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if reffred) HOUSEWIFE U.S.A. MARYLAND 14 MOTHER'S MAIDEN NAME MARY SCHNEIDER JOHN DIETER 17. INFORMANT WILKENS 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL AVENUE BALTOPROSS 21229 SECURITY NO. ST.AGNES HOSPITAL RECORDS CATON & No 213-48-6570J CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH OVARIAN CANCER (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CANCER OVALSIANO DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined) OF INJURY (Month) (Dayl (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from NOVEMBER DECEMBER DECEMBER 12 19 71 ond that in (my) (our) opinion death accurred on the date that 🗱 (we) last saw the deceased alive an.... 23A. SIGNATURE 23B. DATE SIGNED Attending Mad. 12/13/71 W. Semsawasolikul Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS BALTO MD 21229 IEMSAWASD I KUL ST AGNES HOSPITAL CATON & WILKENS 24A. BURIAL CREMATION, REMOVAL (Specify) 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

Howard H. Hubbard, 4107 Wilkens Ave. 21229

disposition is mad or final balmed E e are the remains before obtained pe must approval 12-16-71 Buria1 Holy Redeemer Cemetery Baltimore. Maryland 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS

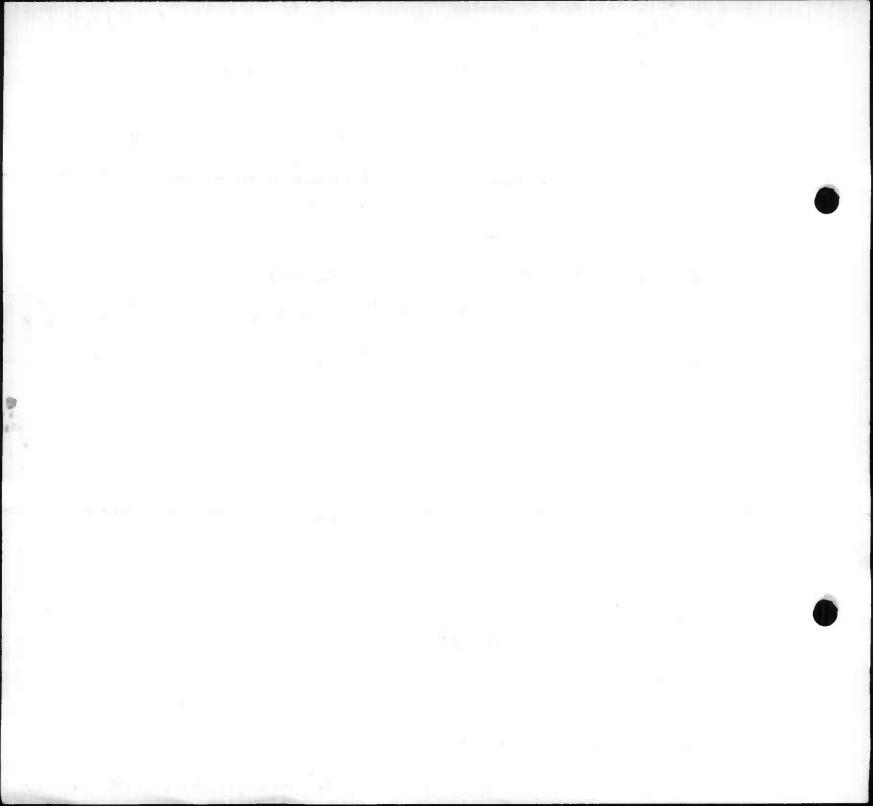
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shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This corrificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death

VS 150-REV. 1/1/68

11:		RE CITY	HEALTH DEPARTMENT 71 11669
BI	71 11669 CERTIF	FICA	TE OF DEATH REG. No.
	NAME OF DECEASED		2. DATE AND HOUR OF DEATH
	Frances K ROHM		12-12-71 10:40 Am
11	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		A. STATE B. COUNTY A. STATE B. COUNTY
FU H IN	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE OSPITAL OR ADDRESS OR LOCATION)	ET	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	1 Maryland General Hospital		Baltimore YES NO -
	4 8		E. STREET AND NUMBER
			2815 Fait Ave
5.	SEX 6. RACE 7. MARRIED NEVER MARRIE	ED 🗌	8. DATE OF BIRTH 9. AGE (in yours II Under 1 Yr. II Under 24 Hrs. last birthday) Manths; Doys Hours; Min.
	Female Cau- WIDOWED DIVORCE		6-14-17 54 ! !
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY
	Housewife		Maryland. U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	Michael Gasior		Julia Napora
15.	Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL		· ·
11	SECURITY NO.	101	Judith Rohm, 6603 Bonnie Ridge Drive, Apt. T-1, Baltimore, Md. 21209
-	18. CAUSE OF	DEATH	Apt, 7-1, Baltimore, Md. 21209
	97011	,	BETWEEN ONSET AND DEATH
	transia so seasia	T DU	rebular necrosis - 96 hours
	(A)MMCDIA (A)MMCDIA (A)MMCDIA (A)MMCDIA (A)MMCDIA (A)MMCDIA (B) (B) (B) (C) (C) (DUE TO,	OR AS	ise ctiology canknown 46 hours
	injury or complication which coused death.)		
1	ANTECEDENT CAUSES	iran	nord tuma small bound 2 yrs.
	Districts of Conditions, II only, giving Doc 10,	OR AS	A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)		
	(//		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*******	
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	4	20A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERT	1/ 12.7.71 Kethopenitoneal tohoga	5	20
11	TOR CONTRIBUTING ICAUSE OF home, form, foctory, st	Y (e.g., in tract, alf	n or about 21 C. WHERE DID (II In Baltimore City, give exact location) fice bldg., INJURY OCCUR?
S S	DEATH (natily medical examiner) otc.)		
MEDICAL	21 D. TIME (Manth) (Doy) (Year) IHour) 21 E. INJURY OCCURRI	ED	21F. HOW DID INJURY OCCUR?
≥	(APPROX.) While At No	ot While t Work	
	22. I certify that (1) (this hospital) attended the deceased from	12	-7-71 19 to 12-12 19 7/
	that (i) (we) lost saw the deceased alive on 12-7		19 ond that in my (our) opinion death occurred on the dale
	ond hour and from the couses stated above. (1) (We) (did) (did	not) vi	
	23A. SIGNATURE		23B. DATE SIGNED
	trancis a. Clark h. DEGRE	Aften Phys.	nding Med. Stoff Director Phys. 12-12-7(
	23C. PHYSICIAM'S NAME (Type)	LLI .	23 D. ADDRESS
			Yomanyland General Hosp.
24/	BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY		MATORY 24D. LOCATION (City, town, or county) (State)
	Burial 12-15-71 St. Stanish	laus	Cemetery Baitimore, Md.
25/			25C. FUNERAL DIRECTOR
1	DEC 17 BY HEALTH DEPT. 258 NAME OF REGISTRAR		Nicholas T. Matthews
1			3021 Estern Ave. Baitimore Md



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ains are embalmed or final disposition is made.	
This certificate must be approved by the chief med	the body was released to the hospital by a medi	shows: (1) An accident of any nature; (2) Body bur	was D.O.A. at a hospital (except where the phys	deceased prior to death); and (6) No physician w	written approval must be obtained before the remains are embalmed or final disposition is made.	

	1 = 25			BALTIMORE CITY	HEALTH DEPARTMENT	had	4 44000
BI	TH NO.	71 1	1670	CERTIFICA	TE OF DEATH	REG. NO.	1 11670
	NAME OF DECEAS				2. DATE	AND HOUR OF DEATH	
	Ge	eorge A. Jo	hnson			12-13-1971	1
Н		ORE, MARYLAND,			A. SIATE E. CO	Vhere deceased lived. II inst UNTY	itution: residence before admission
H	JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC	TAL OR INSTI	TUTION, GIVE STREET	Maryland c. City or town		
1 14	ey Circle H	Iospice			Baltimore		E CITY LIMITS?
14	14 Eutaw P				E. STREET AND NUMBER		YES X NO
\mathbf{B}	altimore, M	Maryland 2	-		3816 8th St. 2		
	Male	White	WIDOWED	DIVORCED	8. DATE OF BIRTH 07 12-111-1906	65	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
104	USUAL OCCUPA	TION (Give kind of woring life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	oreign countryl	12. CITIZEN OF WHAT COUNTRY
	Seaman	my me, even a remedy			Maryland		U.S.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME	0.5.
,	KVIVV	Terlina	Τ.1		F		
15.	Was Deceased Ever	Julius	John	16. SOCIAL	JONNINE XXX	WORK Virgin	ia Adams ADDRESS
No		yes, give war ar dot	es of servicel	SECURITY NO.	34		21225
1	18. //	/ 1		212-14-4333 ^{AA}	Mrs. Lucille	H. Johnson, 38	
	DISEASE O	R CONDITION DI	RECTLY	CAUL OF BEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DING TO DEATH	dutari lala	(A) IMMEDIATE CAU		na of lung	7 mon
	heart lailure, asth	nean the made of tenia, etc. It means	the disease	DUE TO, OR AS	CONSEQUENCE OF:	4 9	
		alian which caused					
ļį.		ECEDENT CAUSES		(8)		-	
	rise la lhe a	CONDITIONS, il bave cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CO	ONDITION last	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(c)			***************************************
_		- 11		O 1		·	
CERTIFICATION	TO THE DEATH BU	NT CONDITIONS CO JT NOT RELATED TO T VITION GIVEN IN PAR	HE TERMINAL	Ch	one Bos	nclut	*********
RTIFIC	19A. DATE OF OPE	RATION 19B CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE FIN	IDINGS CONSIDERED
CAL	21A. ACCIDENT WOR CONTRIBUTING DEATH (natify med	VAS UNDERLYING C G CAUSE OF licol exomined	21E han elc.	PLACE OF INJURY (e.g., in ne, form, foctory, street, aff	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
MEDI	21 D. TIME (Mo	onth) (Doyl (Yeorl	I I	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
2	(APPROX.)	un V	Wh	ile At Not White			
	22. I certify that	(1) (this hospital) ottended t	he deceosed from) SUDT	197/ to 13	Dec 1971
	that (1) (we) last	saw the decease	d olive on	8 Dec			on death occurred on the date
	and hour and fro	m the causes sto	ed above. (ا) (Wateral) (did not) vi	ew the body ofter death	1 _e	
23A. SIGNATURE 23B. DATE SIGNED							
	1 00	Tun 1	+ Wind	After Phys.	ding Med.	Staff Phys.	13 ALL 71
	23C. PHYSICIAM'S NAME (Type)			2	3D. ADDRESS ZY3	O Chitwood	Chal
				DEGREE	Y. C	Sum 11.06	2 (163
24/	REMOVAL (Special	ION, 24B, DATE	24C.N	AME of CEMETERY OF CREA	MATORY 24D.	LOCATION (City,	town, or county) (Stotel
	BURIAL	12-16-		Mariners Cemete		Crisfield, Mar	vland
25/	DATE REC'D BY	HEALTH DEPT.	258. NAME (OF REGISTRAR	25C, FUNERAL DIRECTO	OR .	ADDRESS
ΙЩ	150-85V 1/1/45	1 1/6 Se . S E	Saye.	ACD O	Howard H. H	ubbard, 4107 W	ilkens Ave. 21229

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ANDER STANKE

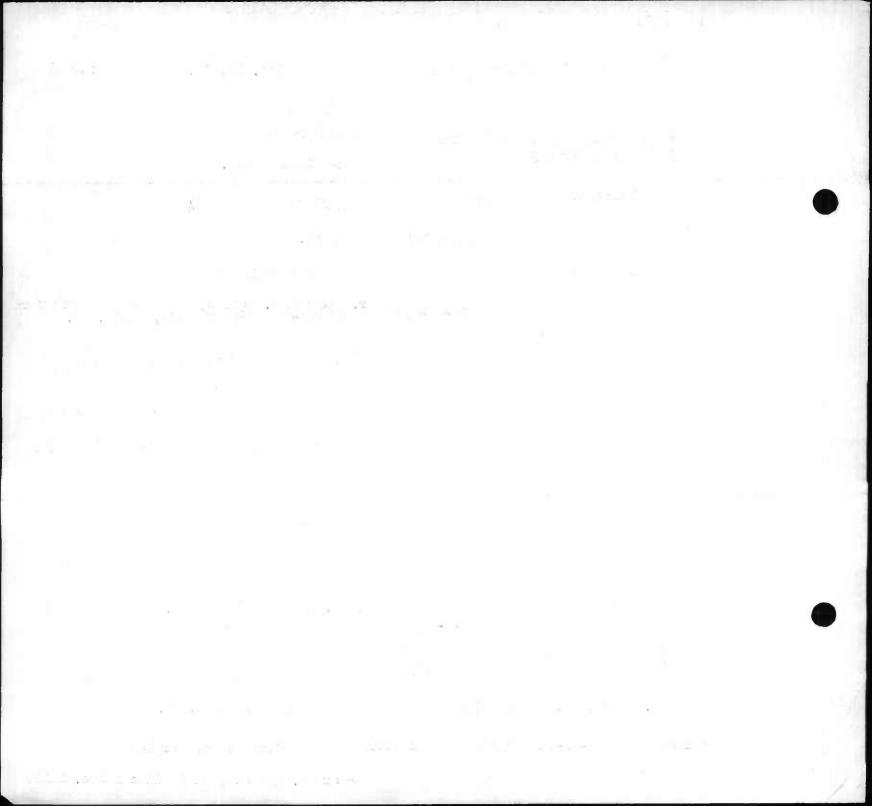
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rred in a hospital and buting cause of death ned cause; (5) Deceased lar attendance on the I prior to death. Such ade.	
Also, if the direct or contre of any kind; (4) Undetermine or on the death was in regrattendance on the decease Imed or final disposition is m	
by the chief medical examiner. spital by a medical examiner. ure; (2) Body burns; (3) A fractur where the physician who pros). No physician was in regular d before the remains are embal	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

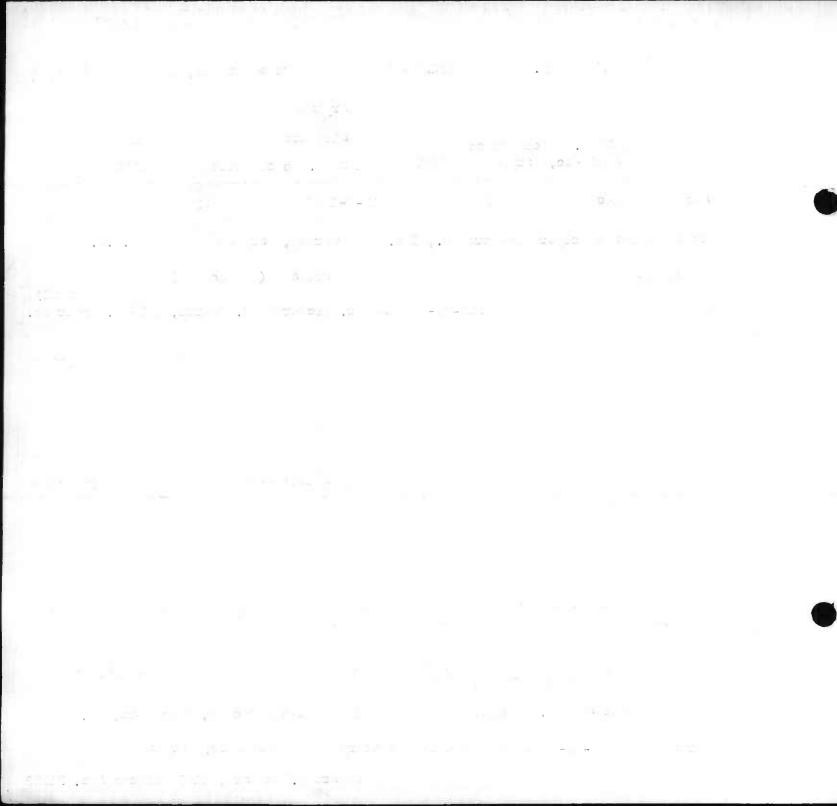
	M-45	0 71 1	167	m 1	HEALTH DEPARTMENT OF DEAT		NO. 71.	1671
1	NAME OF DEC	Transaction of the second	C.A.()	- CENTITICA		TE AND HOUR OF	DEATH	
il_	ype or Print)	Melville				Dec. 10, 1	971	7:20 A
3	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PROP	OUNCED DEAD	4. USUAL RESIDENCE	(Where deceased li	ved. If institution:	residence before admission)
F	ULL NAME OF SOSPITAL OR NSTITUTION			TITUTION, GIVE STREET	Florida c.c.ity.or.town		D. INSIDE CITY I	IMITS?
		ic Health Ser		Hospital	Miami Bea		YES [NO 🗌
k	3100	O Wyman Parkw	ay		6. STREET AND NUM	ins Ave.		
5.	sex M	6. RACE Caucasian		D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yellost birthdoy)	Months	or 1 Yr. If Under 24 Hrs. Days Hours Min.
10	A. USUAL OCCU	JPATION (Give kind of wark	WIDOWE	OF BUSINESS OR INDUSTRY	9/17/07	or fareign country)	54	ZEN OF WHAT COUNTRY
de	Oiler	working life, even if selired)		Seafarer	Mass.	or teroign coomy,		SA
13	FATHER'S NAM	WE		0001001	14. MOTHER'S MAIDE	N NAME		DA
	Edwa	ard Malone			Alice	Cattaher		
15 (Y	Was Deceased es, no or unknown! NO	Ever in U. S. Armed Far- ill yes, give war or date	ces? s of service	16. SOCIAL SECURITY NO. 021-14-6542	Mr. Michael Records	E. Malone,	204 W 92	ADDRESS and St New York lto, Md.
	18.	, 9 1		CAUSE OF DEATH	1	00 111- 1105	proce, pa	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DIE	ECTLY		Rough	1	ſ	BETWEEN ONSET AND DEATH
	(This does no	at mean the mode of	dying, e.	(A) IMMEDIATE CAU	SE D'UONCU	ophew	nonia	days
	injury of com	asthenia, etc. It means plication which caused	death.)	0,	ſ 0:	1, 10	lung	- /
		INTECEDENT CAUSES		- m Mota	stalec o	adenne	arcinon	" Weer
	DISEASES O	R CONDITIONS, if above cause (A)	any, givin	DUE TO, OR AS	A CONSEQUENCE OF:			
	UNDERLYING	CONDITION last.	olulling in	(c) Holeka	carceno	ma, pa	ucreas	Mouths
ATION	OTHER SIGNIFI	CANT CONDITIONS CON BUT NOT RELATED TO TH	IE TERMINIAI		none	2		
CERTIFIC/	19A.DATE OF	OPERATION 198 CONI WAS PERF	DITION FOR	WHICH OPERATION	20A-AUTOPSY? (Yes	or No. 208, IF YES, IN CERTIFY	WERE FINDINGS	CONSIDERED DEATH?
CAL CE	OR CONTRIBUT	T WAS UNDERLYINO TINO CAUSE OF medical examiner	21 ho	IB. PLACE OF INJURY (e.g., In ome, farm, fociary, street, off cJ	or about 21C, WHERE Dice bldg., INJURY OCCU	DID (If In	Baltimare City, giv	e exact location)
200	the state of the s	(Manth) (Day) (Year)		& INJURY OCCURRED	215 110111 -115			
MEDI	(APPROX.)		W W	/hile At Nat While /ork At Work		D INJURY OCCUR?		
	22. I certify t	that (I) (this hospital)	attended	the deceased from	Sept. 5	19 71 to	Dec. 10	19_71_
and hour and from the couses stated above. (1) (We) (did) (did hot) view the body after death.								h occurred on the date
Attending Med. Stuff X 12/10/71								
	VIJa L	Bauer, Sr.	Surgeo	on (R)	US PHS Hosp:		o, Md.	
24	A. BURIAL DREM	AATION, 24B. DATE	24C.1	NAME OF CEMETERY OF CREA	MATORY 24	ID. LOCATION	(City, tawn, o	r county) (Stote)
	Burial	12-15-7		en Haven Cemete	ery	GlenBurnie		
25	OFC 17	THEALTH PET	25R MANNE	OF REGISTRAR	25C. FUNERAL DIREC	CTOR		ADDRESS

Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68



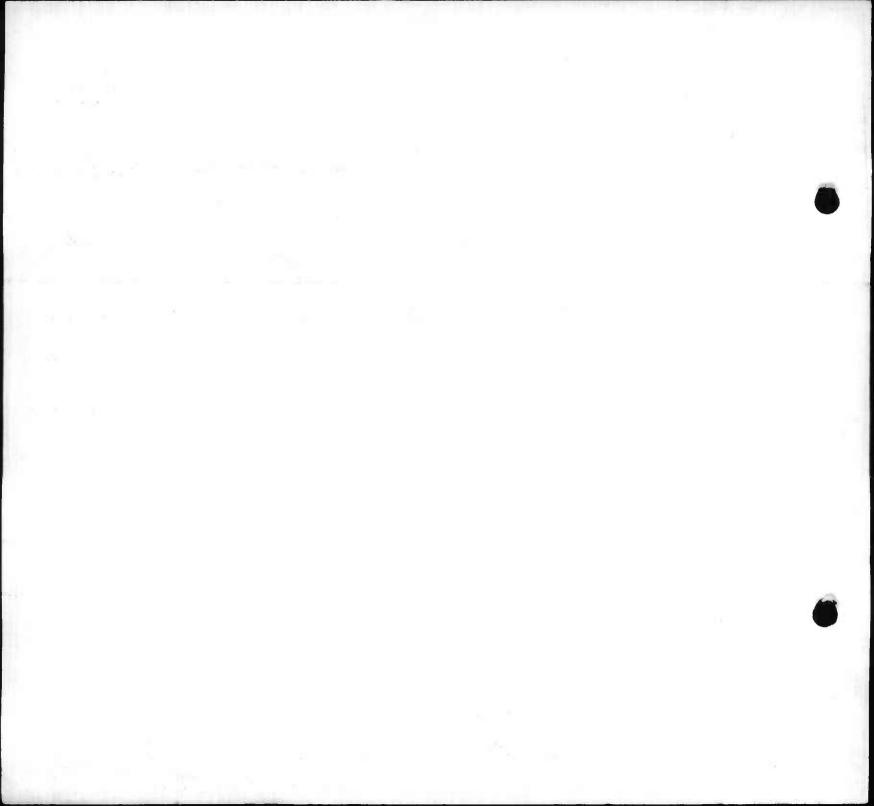
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of d Obece or or or or or or or or or or or or or	3.	PLACE
his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death nows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased as D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the eccased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such ritten approval must be obtained before the remains are embalmed or final disposition is made.	FU H(LL NA
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by (2) B (2) B (3) by ore	CER	21A. A
roved by the chief medical examiner or his assistant if death occurre he hospital by a medical examiner. Also, if the direct or contributy nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined xcept where the physician who pronounced death was in regular and (6) No physician was in regular attendance on the deceased btained before the remains are embalmed or final disposition is made	MEDICAL CERTIFICATION	21A. A OR CO DEATH
od be story (6) ned	MED	OF INJ
y n y n y n y n y n y n y n y n y n y n		
f an f an (e)		22. 1 d
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must be calculated the calculated to death at must be as the calculated to death at must be as the calculated to death at must be as the calculated to death at the calculated to death		23A. SI
a harto		23 C. PH
ificate must be appurently was released to the standard of an accident of an s.A. at a hospital (e) d prior to death); a approval must be ob		N.
A Dog	24A	BURIA REMO
This certificate n the body was re shows: (1) An ac was D.O.A. at a deceased prior t		Buri
This certificate must be apported by was released to the shows: (1) An accident of any was D.O.A. at a hospital (expectased prior to death); a written approval must be ob	25A	NE (

1	U-420	71	116	72	BALTIMORE CITY	HEALTH DEPART		REG. NO/1	. 11	672
1,1	RTH NO.	ASED						HOUR OF DEATH		
		CHARLES	P.		WILLHAUCK		Decemi	ber 13, 1	971	7:00P.M
3.	PLACE IN BALT	IMORE MARYL	AND, WH	ERE PRONO	JNCED DEAD	4. USUAL RESIDE	NCE (Where B. COUNTY	deceased lived. If is	stitution: 1	residence before admission)
FU	ILL NAME OF	(IF NOT IN	HOSPITAL	OR INSTITU	JTION, GIVE STREET	Marylar	nd			1703
IN	STITUTION	ADDRESS	JK LOCA II	ON)		C. CITY OR TOWN	-	D. INS	IDE CITY L	
	AN	1828 W	. Dove	er Stre	eet	Baltimo			YES X	NO 🗌
		Baltim				1828 W.		Street	212	23
5.	SEX	6. RACE	7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH		AGE (In years		
M	ale	White		WIDOWED		12-7-1888	las	st birthday) 83	Months	T Yr. If Under 24 His. Days Haurs Min.
10/	USUAL OCCU	PATION (Give kin	d of work 10	B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or foreign	country)	12. CIT	ZEN OF WHAT COUNTRY?
1				Konne	ers Co., Inc.	Carne	ey, Mar	vland	17	.S.A.
13.	FATHER'S NAM	E	СТР	корр	in the same of the	14. MOTHER'S MA				*0 *17*
	Unkno	wn				Marth	na (Unknown)		
15.	Was Deceased s, no or unknown)	ver in U. S. A.	med Forces	e?	1 6. SOCIAL	17. INFORMANT		- LICELOWII)		ADDRESS 21223
	lo	Jost Bise Mo	. Gi Moses (P. SelAICAL	212-07-9644 A	Mr. Fred	derick (G. Feurer	1828	W. Dover St.
	18.	4-1			CAUSE OF DEATI					APPROXIMATE INTERVAL
		OR CONDIT		CTLY		0.4.5			- 1	BETWEEN ONSET AND DEATH
		EADING TO		atau wa	(A) IMMEDIATE CAU	SE arterio	sclero	the CVDe	sease	30 years
	heart failure, a	sthenia, etc. I	means th	e disease.	DUE TO, OR AS	A CONSEQUENCE O	F:			
		NTECEDENT (eam.)					i	
	DISEASES OF			v กับเกล	(B)	A CONSEQUENCE				######################################
	rise to the	above caus	e IA) si	laling the	(c)	A GONSEGUENCE	···			
		П			(0)	*********		***************************************		*************
ON	OTHER SIGNIFIC	ANT CONDITIO	NS CONT	RIBUTING		111.00	utritis	NA.		(au a)
CAT	DISEASE OR CO	NDITION GIVE	IN PART 1	(A).						O mes
CERTIFICATIO	O TAIDATE OF	SPEKATION II	AS PERFOI	RMED	HICH OPERATION	20A. AUTOPSY?	ITes or No.	208, IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF	CONSIDERED DEATH?
	21 A. ACCIDENT	WAS UNDER	LYING		PLACE OF INJURY le.g., in			(II In Boltimar	e Cily, glv	e exocl location)
CAL	DEATH (notify r	nedical examine	d	hame elc.)	e, form, factory, street, af	ice bidg., INJURY C	CCU R?			
ED	21 D. TIME	Month) (Doy)	lYcor) 1	Haun 21E.	INJURY OCCURRED	21F. HOW	DID INJUR	Y OCCUR?		
8	(APPROX.)			Whil	e At Not While					
	22. I certify t	hat (1) (this h	ospital) a			une	10/	18 : D		197/
	thot (1) (we) 1				13 Dec 8	197/		7		th accurred on the date
					(We) (did not) v			intimit (and abi		secones on the sole
and have and from the causes stoted obave. (1) (\(\frac{\pmatheta}{e}\) (\(\frac{\pmatheta}{e}\) (\(\frac{\pmatheta}{e}\) (\(\frac{\pmatheta}{e}\))							E SIGNED			
		HMY	Dayl	us	M-Di Atter	nding Med.	Stor Stor	off C	14	Dee 71
	23C. PHYSICIAN NAME ITY	rs ne)	0		DEGREE	3D. ADDRESS	- 111	,	1	
		Herman	n H.	Bay	lus pegree	1600 Wi	lkens A	venue, Bal	timor	e. Md.
24#	REMOVAL ISP	ATION, 248. D	ATE		ME of CEMETERY of CRE	MATORY	24D. LOC		ty, town, o	
	Burial	12-		71 New	Cathedral Cen	etery	Balt:	imore, Mar	yland	
254	A. DATE REC'D				F REGISTRAR	25C. FUNERAL	DIRECTOR			ADDRESS
VS	DEC 17	907	Se. O C.	Value	WY O O	Howard	H. Hubb	ard, 4107	Wilke	ens Ave. 21223



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	R-200 71 11673		HEALTH DEPARTMENT	the state of the s	74. 11673	
	BIRTH NO. 1. NAME OF DECEASED	CERTIFICA	TE OF DEATH			
	Type or Print) ROBERT RESH		12	AND HOUR OF DEATH	11:30 4.	
ı	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	there deceased lived. If i	institution: residence before admission)	
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C. CITY OR TOWN	CYLAUD D. IN	SIDE CITY LIMITS?	
ij	MARYLAND LEVERAL HOSPITAL		E. STREET AND NUMBER		YES X NO .	
	5. SEX 6. RACE 7. MARQUE 7. MARQUE		400 00 37	FILESA S	238 N. EVIAW JT.	
	WIDOWED NE	DIVORCED	LO 14 14	9. AGE lin years lost birthdoyl	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.	
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSIN	IESS OR INDUSTRY	1. BIRTHPLACE (Stote or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
	CHIRD PRACTOR OUR 30	sivess	PENNA.		US.A.	
ı	13. FATHER'S NAME	1	4. MOTHER'S MAIDEN N	IAME		
	HARRY (ESH		IOC 1	4	GER FIN	
	1/	CURITY NO.	7. INFORMANT	0	ADDRESS	
	YES WWII 20	7-09-0823	MUTH T.	RESH 238	N. EUIMW ST.	
	DISEASE OF CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	LEADING TO DEATH	(A) IMMEDIATE CAUSI	INTRACE	REBRAL H	EHORPHAGE 3 Rays	
	fThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:			
	ANTECEDENT CAUSES	FRP 10 A	Come was	1 1	15 years	
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A	CONSEQUENCE OF:			
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)					
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING					
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 1218 PLACE	OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
	OR CONTRIBUTION OF CALLER	OF INJURY (e.g., in	or obout 21 C. WHERE DID		re City, give exoct location)	
	DEATH (notify medical examiner)	, lociory, sireet, dinc	e plage INJURY OCCURS			
	S OF INJURY	Y OCCURRED	21F. HOW DID IN	NJURY OCCUR?		
	TY OIK	- AT WORK I				
	22. I certify that (I) (this hospital) attended the deceased from 12-10 19 71 to 12-13-19 19 71 that (I) (we) last saw the deceased alive on 12-13 19 71					
ll	that (1) (we) last saw the deceased alive on 12-13 19 Fl and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.					
	23A. SIGNATURE	(did) (did not) vie	w the bady after death	10	238, DATE SIGNED	
	Selfrar HD	Attend Phys.	ing Med.	Staff Phys.	12/13/11	
	23C. PHYSICIAN'S NAME (Type)	DEGREE	D. ADDRESS	,	1 19/3//	
	L JUAN A. BELTRAN	, MD, DEGREE	MARYLAND) MELIERA	L HOSPITAL	
	24A. BURIAL CREMATION, 248. DATE 24C. NAME of REMOVAL ISpecify)	CEMETERY of CREM	ATORY 24D.	LOCATION (Ci	ty, town, or county) [Stote]	
	BURIAL 12-15-71 TAGS P. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS	BALTO, M.S.				
	FC 17 1971 Pober E. Jacker, M.D.	*	25C. FUNERAL DIRECTO	OPenso 1	ADDRESS TELLSON	
1	/\$ 150-REV. 1/1/68		TOOK -	INTERNATION 10	(0300) 1000. 19d.	



Maryland National

258 NAME OF REGISTRAR

Jaben M.D.

DEC 17 VS 151-REV. 1/1/68

Burial

25A. DATE REC'D BY HEALTH DEPT.

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25C. FUNERAL DIRECTOR

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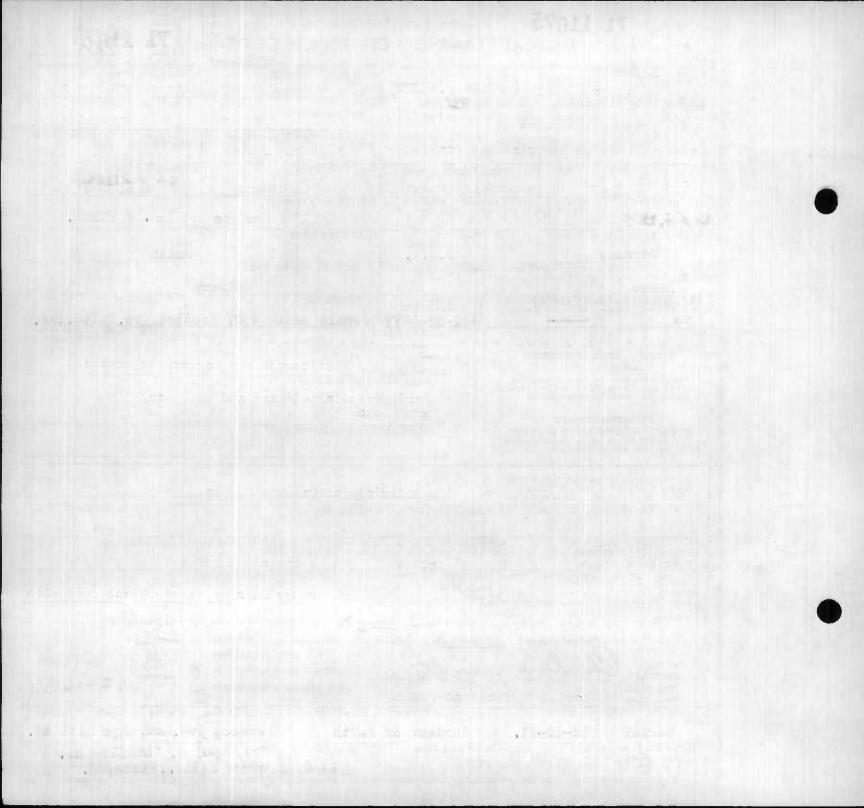
ADDRESS 1246 N. Washington St Marketille, Md. 20850

Maryland

1-14-1972 - Letter from - Office of the Chief Medical Examiner, Werner U. Spitz, M.D.

Deputy Chief Medical Examiner

HRS



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FUNERAL DIRECTOR:

	1	BALTIMORE CIT	Y HEALTH DEPARTMENT
- 1	BIR	W-256 71 11676 CERTIFICA	ATE OF DEATH REG. NO. 71 11676
	1. N Ty	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	3.	PLACE IN BACTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M. USUAL RESIDENCE I Where deceased lived, If institution; residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) S. SEX 6. RACE A 17. ALBERTA TO THE STREET ADDRESS OR LOCATION		A. STATE B. COUNTY
0			C. CITY OR TOWN D. INSIDE CITY LIMITS?
3			E. STREET AND NUMBER
900			2808 Roselaws ave = 14,
E	3. 3	Male 6. RACE WIDOWED NEVER MARRIED 7. MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours Min.
2	10A	A. USUAL OCCUPATION (Give kind of work 108 KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	
OSITIO	RAILED AS SNOWNEER NECK RICE		md
200	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
8	15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	MARY CORPORATE HOFSTETTER
	(Yes	s, no or unknowni lift yes, give war or dotes of service) AIA 220.07-4869	2808 ROSELAWN AUE
		18. 3 7 5 9 1 CAUSE OF DEAT	
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
		(A)IMMEDIATE CAL	A CONSEQUENCE OF:
		injury ar complication which coused deoth.)	
0		DISEASES OR CONDITIONS, If any, giving DUE 10, OR AS	71C STENOSIS A CONSEQUENCE OF:
2		riso to the obove cause (A) stating the UNDERLYING CONDITION lost. (C)	
	_	II II	
	ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	FIG.	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2	U	21A. ACCIDENT WAS UNDERLYING 21B PLACE OF INTERVIOR	1 180
	- 4 1	OR CONTRIBUTING CAUSE OF home, form, factory, stroot, of DEATH (natify modical examiner)	n or about 21 C. WHERE DID (If in Boltimore City, give exact location)
3	ō	21D-TIME (Month) 1Dayl (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	<	(APPROX.) While At Work At Work	
		22. I certify that (I) (this hospital) attended the deceased fram	12/6 1971 to 12/14 1971
	- 1	that (I) (we) last sow the deceased alive an	19 7 and that In(my) (our) apinion death accurred an the date
		23A. SIGNATURE	23R DATE SIGNED
	\$	Phys	
		23C-PHYSICIAN'S NAME (Type)	23D. ADDRESS
2	24A.	BENDAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or causty)
		KEDIO A WT (2000) IA	EM. 7225 EASTERN BLVO,
: 11	25A	DATE REC'D BY HEALTH DEPT. 1258, NAME OF REGISTRAR	25C FILMEDAL DIRECTOR

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DIRECTOR

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258. NAME OF REGISTRAR

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Robert F. Farber

DEC 171 VS 150-REV. 1/1/68

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rritten approval must be obtained before the remains are embalmed or final disposition is made.	oval must be obtained before the rema
eceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	or to death); and (6) No physician was
ras D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	t a hospital (except where the physici
nows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	accident of any nature; (2) Body burns
I to the hospital by a medical examiner. Also, if the direct or contributing cause of death	he body was released to the hospital by a medica
approved by the chief medical examiner or his assistant it death occurred in a hospital and	his certificate must be approved by the chief medic

NAME OF DEC	CEASED HANS	K. G	EISSDORFER	2		ber 16.		· · · · · · · · · · · · · · · · · · ·
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE		deceased lived		residence belore odmission
FULL NAME OF HOSPITAL OR INSTITUTION	Union Men	morial	Hosp. D.O.A.	Md. c. CITY OR TOWN Baltim		D	. INSIDE CIT	
44	Baltimor	e , Md.		E. STREET AND P		re. # 21	224.	
Male	6. RACE	WIDOWED		May 20, 18	99	AGE (In years ost birthdoy)	2 Mont	nder 1 Yr. If Under 24 Hrs hs Doys Hours Min.
one during most of	UPATION (Give kind of work working life, even if retired)	108, KIND OF			many	gn country)	12. 0	U.S.A.
3. FATHER'S NA	Johann Gei	ssdorfe	P	14. MOTHER'S MA		ra Hack		
5. Was Deceased Yes, no or unknown	ter in U. S. Armed Ford	s of service)	16. SOCIAL SECURITY NO. 215-05-9385	17. INFORMANT Kate A.	Geiss	lorfer		Address
heart failure, injury or cor	SE OR CONDITION DIR LEADING TO DEATH not mean the mode of asthenia, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if	dying, e.g., the disease, death.)		osclerotic		ovascula	ar	Sudden One year
DISEASES (nise to the UNDERLYIN OTHER SIGNII TO THE DEA	LEADING TO DEATH not mean the mode of asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II FICANT CONDITIONS COI TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	dying, e.g., the diseose, deoth.) ony, giving stating the NTRIBUTING HE TERMINAL IT 1 (A).	(B) Arteri DUE TO, OR AS	Osclerotic a consequence	cardi	ovascula diseas	ar se	One year
DISEASES (injury or consideration) DISEASES (inse to the UN DERLYIN) OTHER SIGNITION TO THE DEAL DISEASE OR CO. 179.A. DATE OF CO. 179.A. DATE O	LEADING TO DEATH not mean the mode of asthenia, etc. It means in the mode of asthenia, etc. It means in the mode of asthenia, etc. It means in the mode of the means of the me	dying, e.g., the diseose, deoth.) ony, giving stating the MTRIBUTING HE TERMINAL IT 1 (A). DITION FOR VEORMED	(B) Arteri DUE TO, OR AS (C)	OSCIEROTIC A CONSEQUENCE	Cardi OF:	QVASCULA diseas	MERE FINDING CAUSES C	One year
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NO THER SIGNITO TO THE DEATH (NOTHER SIGNITO TO THE DEATH OF THE DEATH (NOTHER SIGNITO TO THE DEATH (NOTHER SIGNITOR) 21.A. ACCIDE OR CONTRIB DEATH (NOTHER SIGNITOR) 22. I certify that (I) (we and haur and 23A. A SIGNATION)	LEADING TO DEATH not mean the mode of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION lost. II FICANT CONDITIONS COLOR TO THE BUT NOT RELATED TO THE CONDITION GIVEN IN PAR F OPERATION 1998. CON WAS PERION (Month) (Day) (Year) (Month) (Day) (Year) That (I) (this haspital of the causes stated from the causes stated form the cause stated form the causes stated form the cause state	dying, e.g., the disease, deoth.) ony, giving stating the MTRIBUTING HE TERMINAL IT (A). IDITION FOR VEORMED (Hour) 21E. Whit World Wor	(B) Arteri DUE TO, OR AS (C)	20A. AUTOPSY? 20A. AUTOPSY? 21F. HOV 21F. HOV 21F. Hove 21F. Hove	Cardi OF: (Yes or No) ERE DID OCCUR? W DID INJU and the	QVAS.CU.L. diseas	WERE FINDING CAUSES Collimore City, 12/16/	GS CONSIDERED OF DEATH? give exoct location)
NO OTHER SIGNII TO THE DEA DISEASE OR (1974. DATE OF DISEASES	LEADING TO DEATH not mean the mode of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION lost. FICANT CONDITIONS CONTINUED TO THE BUT NOT RELATED TO THE BUT NOT R	dying, e.g., the disease, deoth.) ony, giving stating the stating the terminal to the terminal to the terminal to the terminal t	(B) Arteri DUE TO, OR AS (C)	20A. AUTOPSY? 20A. AUTOPSY? 21F. HOV 21F. HOV 21F. HOV 21F. HOV 23D. ADDRESS 3401 Dun	Cardi OF: (Yes or No) ERE DID OCCUR? W DID INJU and the er death.	QVASCULA diseas 208. IF YES, VIN CERTIFYING (If in Ba	WERE FINDING CAUSES Collimore City, 12/16/ r) opinion d	GS CONSIDERED OF DEATH? give exact location) 71 19 eath accurred on the date DATE SIGNED 12/16/71
NOOLY OTHER SIGNII OTHER SIGNII TO THE DEA DISEASE OR (1974. DATE OF DISEASES OR (19	LEADING TO DEATH not mean the mode of asthenia, etc. It meons in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a dove cause (A) G CONDITION lost. FICANT CONDITION SCOTT BUT NOT RELATED TO THE	dying, e.g., the disease, deoth.) ony, giving stating the stating the transfer of tra	(B) Arteri DUE TO, OR AS (C)	20A. AUTOPSY? 20A. AUTOPSY? 21F. HOV 21F. HOV 21F. HOV 21F. HOV 23D. ADDRESS 3401 Dun EMATORY	Cardi OF: P (Yes or No) ERE DID OCCUR? W DID INJU and the er death.	QVASCULA diseas 208. IF YES, V IN CERTIFYING (If in Bo	WERE FINDING CAUSES Collimore City, 12/16/ r) apinion d 238. [(City, tow	GS CONSIDERED OF DEATH? give exoct location) 71 19 leath accurred on the da DATE SIGNED 12/16/71 222,Md. In, or county)

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25C. FUNERAL DIRECTOR

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SOL LEVINSON & BROS., 6010 REISTERSTO

25A. DATE REC'D BY HEALTH DEPT.

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258. NAME OF REGISTRAR

C. And Ran Deal of Lake

ENTTINUE, SURPLINE U.SA. III ISAAC CHRONALL

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214-20-0541 10, INDRY SPERE, W. LERRY ST. 421200

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ssistant if death occurred in a hospital and the direct or contributing cause of death thind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the nce on the deceased prior to death. Such final disposition is made.	[5] t d
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	AAEDIO A CERTEIO A DISTANCIA
This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be	,
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This control the board was Danitte writte	25
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	B-452 71 11679	BALTIMORE CITY	HEALTH DEPARTMENT	7	1 11679	
	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO		
	1. NAME OF DECEASED		2, DATE AN	D HOUR OF DEATH		
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			ilution residence belore admission)	
	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	A. STATE B. COUN C. CITY OR TOWN	440	2831		
1		INSTITUTION HOSPITAL			E CITY LIMITS? YES NO 🔼	
	OF BAUTO		E. STREET AND NUMBER	EBERLE	A :	
	5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		Il Under 1 Yr. Il Under 24 Hrs.	
	MALE CAUCASIA WIDOW		1 (1 4 122 ()	5-73	Months Doys Hours Min.	
5	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
	CPA KUSHER & BULMASH		BALTIMORE, M		USA	
2	MEYER BULMASH		14. MOTHER'S MAIDEN NAM SOPHIE			
		16. SOCIAL	17. INFORMANT	COMEN		
	15. Wes Deceased Ever in U. S. Armed Forces? IYes, no or unknown) (II yes, give wor or doles of service)				ADDRESS #21117	
	NO 18.	215-16-5291 CAUSE OF DEATH	MRS. MIRIAM BUI	MASH, 119 FE	NNINGTON CIRCLE	
,	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH	
	LEADING TO DEATH (This does not meen the made of dying, e.g., (A) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (C) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (C) IMME				92271	
	heori foiture, osthenio, etc. If means the diseose, injury or complication which caused death.)					
	ANTECEDENT CAUSES (B) NEPRO SCLEROSI)				YEARS	
	DISEASES OR CONDITIONS, if ony, givenise to the obove couse (A) stoling	A CONSEQUENCE OF:		1		
	UNDERLYING CONDITION lost. (c) OIABETED MELLITUS			ELLITUS	YEARS	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	· ·				
	TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	77-25000(
	O O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? IVes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	The state of the s	21 B. PLACE OF INJURY (e.g., In	or obout 21 C. WHERE DID		City, give exocl location)	
	DEATH (notify medical examines)	home, form, foctory, street, offi etc.)	ce bldg., INJURY OCCUR?	į, ii saimara (siff give exect tocorton;	
	S OF INJURY	TE INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
	(APPROX.)	While At Not While Work At Work			1	
	22. I certify that (I) (this hospital) attended the deceased from 12 12 19 71 to 13 19 71					
	that (I) (we) last sow the deceosed olive on 19 19 71 and that in (my) (our) opinion death accurred on the date					
	and hour end from the couses stoted obave. (1) (We) (did) (did not) view the body ofter deoth.					
	M. D. Attending Med. Stoff of 12 /7					
	NAME (MOE)	23	D. ADDRESS		12/13/7/	
	DAVID ELASE	OEGREE		osp. Of	BALTO	
	MELATO A WE ISDECTIAL	SSETH ISRAEL AN			town, or county) IStote)	
		TIMORE, MARY				
	DEC 17 1971 RESE	E OF REGISTRAR	SOL LEVINSON	BROS .6010 R	REISTERSTO	
1 E	VS 150-REV. 1/1/6B					

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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B-632 71 11680		Y HEALTH DEPARTMEN		/1 11680
BIRTH NO.	CERTIFICA	ATE OF DEAT	H *******	
I.NAME OF DECEASED Type or Print)			E AND HOUR OF DEATH	
CELIA BRUTZKUS	S	DE	ECEMBER 12,197	1 11:30 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. C	Where deceased fived. If in OUNTY	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN: HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
10		BALTIMORE		YES NO NO
5901 DOVERDALE DRIVE, 1:	st FLOOR	E. STREET AND NUMB		at FLOOD
SEX 6. RACE 7. AAADD	IED NEVER MARRIED	B. DATE OF BIRTH	P. AGE (In years	st FLOOR If Under 1 Yr. If Under 24 Hrs.
FEMALE WHITE WIDOW	VED X DIVORCED	Man Blottlill A GR (C.	lost birth	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIND lone during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote o	r toreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOME	LITHUANIA	NAME	USA
			NAME	
JOSEPH JACOB KLOMPUS		MENUCHA		
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		MRS. LESTER BI	RUTZKUS, 3818	FORDA LANE, APT.104
18.437,41	CAUSE OF DEAT	TH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		19 D (7 1	
LEADING TO DEATH	(A) IMMEDIATE CA	USE Cerebral	arthusel	eroris.
(This does not meen the mode of dying, a heart foilure, asthenia, etc. It means the disectingury or complication which coused death.)	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if ony, give	(B)	S A CONSEQUENCE OF:	, , , , , , , , , , , , , , , , , , ,	
rise to the obove couse (A) stoting	3			
UNDERLYING CONDITION lost.	(c)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG OWY	elitis, m	tel	2
	OR WHICH OPERATION	20A. AUTOPSY? (Yes	or Noll 208 to VES WEBE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	SK WHICH OFERATION	Zon. Ad Jorsi: tres	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)			re City, give exact facation)
OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While AI Not Whi		21F. HOW DIE	INJURY OCCUR?	
	Work L At Work	k 🔾	10 53	12-12 1971
22. I certify that (1) (this hospital) attended	ed the deceased fram	700 /	19 53 ta	12-12 1971
that (I) (we) last saw the deceased alive of	Un. To convide	We will be a second of the sec		inian death accurred an the date
and haur and fram the causes stated above	e. (T) (We) (did) (did not)	view the bady after de	ath.	
23A. SIGNATURE	0 200	tonding CO Mad 6		23B. DATE SIGNED
stanley totelub		tending Med. lys. Director [Staff Phys.	12-13-71
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	- 313-2	
STANLEY STEIN	NBACH	11 SLADE AVE	ENUE	
4A. BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY of CI		D. LOCATION (C	ity, town, or county) (State)
BURIAL 12-13-71	ANSHE EMUNAH	1100-	BALTIMORE, M	*ARYLAND
	ME OF REGISTRAR	2SC. FUNERAL DIRE		ADDRESS
DEC 17 1971 Robert E. 3	laber, M.D.	SOL LEVINS	ON & BROS., 60	10 REISTERSTOWN ROAL
VS 150-REV. 1/1/6B	1 1	0 1 0 1	0	

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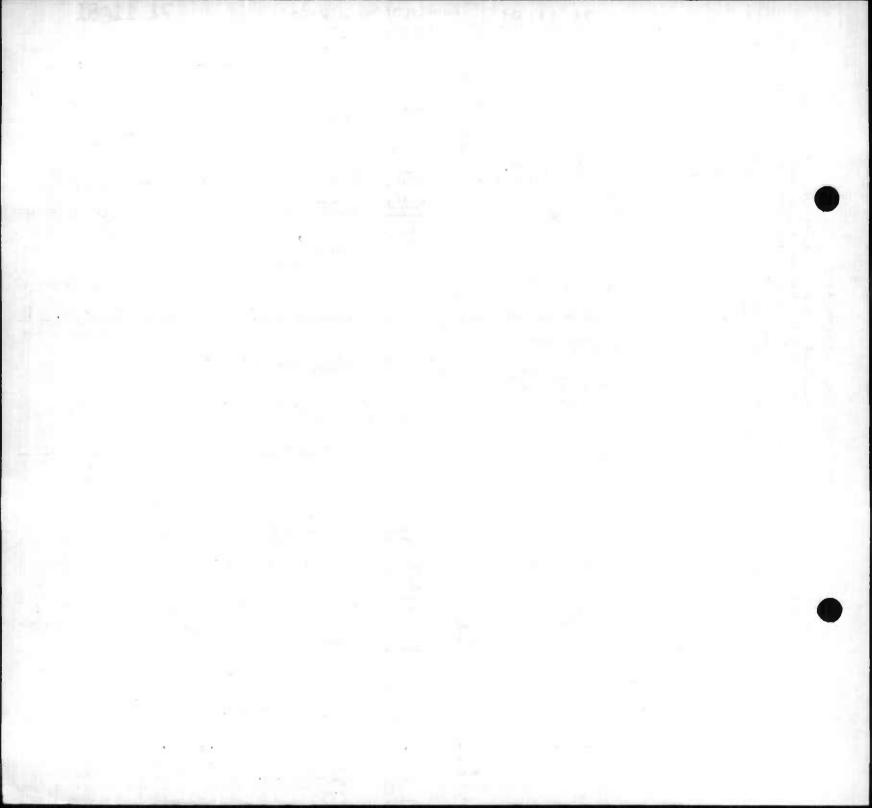
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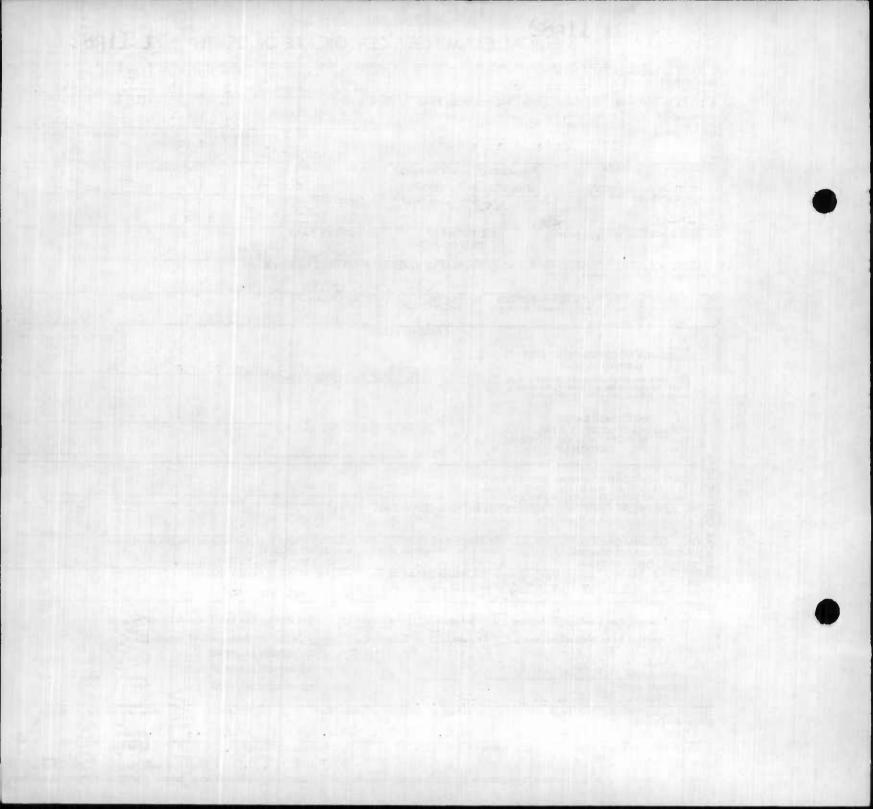
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

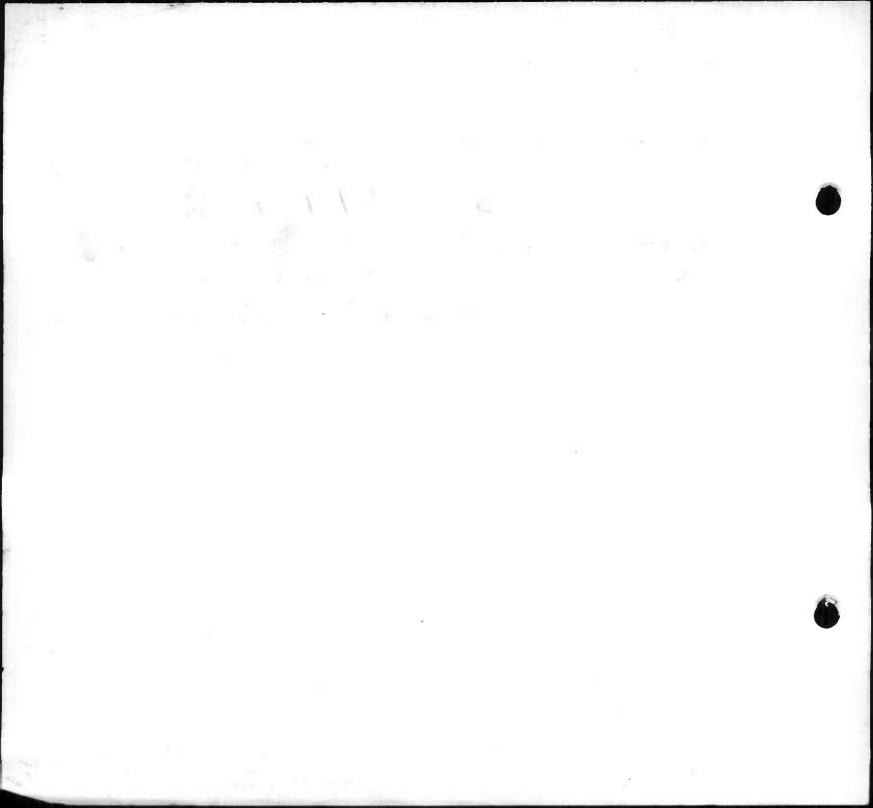
	N-140 71 1	1681		HEALTH DEPARTMENT	REG. NO.	71 11681
	RTH NO.		CERTIFICA	TE OF DEATH		
	re or Print Edgar Noble			2. DATE A	ND HOUR OF DEATH	6:00 P
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If i	nstitution: residence before admission)
H H	JLL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUT	TON, GIVE STREET	Maryland L. CITY OR TOWN		1703
ll''N	STITUTION				D. INS	IDE CITY LIMITS?
16	37			Baltimore E. STREET AND NUMBER		YES NO
	Mercy Hospital			IIII Argyle	Avenue	
5.	SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	lale Negro	WIDOWED	DIVORCED	11-1-99	72	
10	A. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	108 KIND OF	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country!	12. CITIZEN OF WHAT COUNTRY?
	to defing most of working may even a remeal			Ga:		USA
13.	FATHER'S NAME	L		14. MOTHER'S MAIDEN NA	ME	
	Raymond Noble			Mary		
15. (Ye	Was Deceased Ever in U. S. Armod Fere s, no or unknown! (If yes, give war or dote:	s of servicel	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	ves 11/1/17*8/	5/18		Caroline Not	ole 111	1Argyle Ave. #1
	18. 250.01		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIN	ECTLY		1 + .		201
	(This does not mean the mode of	dvina ea	(A) IMMEDIATE CAU		a cidosis	244
	heart failure, asthenia, etc. It means injury or camplication which caused	the disease.	DUE TO, OR AS	CONSEQUENCE OF:		
	ANTECEDENT CAUSES		400	Dialeter Me	Otto.	Years
	DISEASES OR CONDITIONS, if	any, giving	DUE TO, OR AS	Dialites Me A CONSEQUENCE OF:	CCI USA	
	nise to the above cause (A) UNDERLYING CONDITION last.	stating the	(c)			
NO	OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING				
AT	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	T (A).	****************			***************************************
FIC	19A-DATE OF OPERATION 19B CONI	DITION FOR WE	ICH OPERATION	20A. AUTOPSY! (Yes or No	ON CERTIFYING CA	FINDINGS CONSIDERED
CERTIFICATI				No		
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 & Pl home, etc.)	LACE OF INJURY (e.g., in (orm, foctory, street, aff	or obout 21C. WHERE DID	(If In Baltimo	re City, give exact location)
EDI	21D. TIME (Manthl (Doyl (Year)	(Haud 21E 11	NJURY OCCURRED	21f. HOW DID INJ	URY OCCUR?	
٤	OF INJURY (APPROXI	While	At Not While	n		
	22	Work	Al Work	1/0		
	22. I certify that (1) this hospital			•	19 71 10 12/	
	that (I) (we) last sow the decease	d olive on	12/14	19ond th	eat in (my) (our) opi	nion death occurred on the date
	ond hour and from the couses state	ed above. (I)	(We) (did) (did not) vi	ew the body ofter deoth.	_	
	23A. SIGNATURE				,	23B. DATE SIGNED
	Toler ohe		Ohum	Iding Med.	Staff Phys.	Decemb. 14,71
	23C.PHYSICIAN'S NAME (Type)		DEGREE	3D. ADDRESS	,	J deconver 11/1/
		HE		Mr 4 - 4	nein' L	2 04:
24	A. BURIAL CREMATION, 248, DATE	24C. NAN	DEGREE OF CEMETERY OF CRE	MATORY (240, L	OCCURON (C	had keye
Ι.	REMOVAL (Specify)					ing to this or cooning? (310fe)
_	Burial 12-18-7		rver Mem. P		Balto., Md	
23		25B NAME OF		KOLCON E H		houn Street
Ve	150-REV, 1/1/68			WeT2011-1-1	• 1340 Val	TIOUIT DOLECT
4.9	150-n6 74 1/1/00					



R-300	71	1168 MED	CAL E	BALTIMORE CITY HE			DEAT	H 7	1 116	382	
BIRTH NO.											
I. NAME OF DE		amont	Road		2. DATE OF	Known 🛣	Month	Doy	Yeor	Hour	0 7
4. PLACE IN BA				IOLINCED DEAD	DEATH 3. DATE	Estimated U	12 Month	13 Doy	71 Yeor	Z:40	О Р. м.
FULL NAME OF	(IF NO	IN HOSPITA	L OR INSTITU	TION, GIVE STREET		INCED DEAD	12	13	71		0 Р. м.
OR INSTITUTION	ADDRE	SS OR LOCA	TION)		5. USUAL R	SIDENCE (Where	deceased liv	ed. If instituti	ion: residence		
00	1713	3 Linde	en Aven	ue	A. STATE	Maryland		B. COUNTY	1	lof-	01
6. SEX	7. RACE		8. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE	CITY LIMITS?		- 4
Female	Negro		WIDOWED	DIVORCED [Baltimore			YES 🔀	NO 🗆	
9. DATE OF BIR		10. AGE (Ir	years If	Under 1 Yr. If Under 24 Hrs. nths Doys Haurs Min.	E. STREET	ND NUMBER					
2-5-42		29	,,,			1713 Linde	en Aver	nue			
II. BIRTHPLACE	State or loreig	n country)	12.	CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME					
	Md.			USA	Her	pert Fle	mings				
14A.USUAL OCCI	JPATION (Give working lile, eve	kind of work en if retired)	14B. KIND O	BUSINESS OR INDUSTR							
					Fanı	nie Shep	pards	on			
16. WAS DECEAS	SED EVER IN I	u.S. ARMED	of service)	17. SOCIAL SECURITY NO.	18. INFORM	AANT			ADDRESS		
no						nie Shep	pards	on 20	~	Cull	
19. F 9	65%			CAUSE OF DEA	TH					PPROXIMATE	T AND DEATH
DISEA	E OR COND		CITA								
(This door	LEADING TO not meon the		lan an	(A)IMMEDIATE	CAUSE G	unshot wou	and of	head			
heart lattur	e, asthenia, etc. mplication whic	It means the	disease,	DUE IO, OR	AS A CONSEQ	UENCE OF			1,177		
injusty of co	inplication which	AI COUSEO 000	, iii. j								
	NTECEDENT		CIVING	(B) DUE TO OR	AS A CONSE	DIIENCE OF:					
RISE TO TH	OR CONDITION	USE (A) STA	TING THE	502 (C, OK	AS A CONSE	derice of					
Z UNDEKEN	NG CONDITI	ON LASI.		(c)							
OTHER SIG TO THE DE DISEASE O	NIFICANT CON	II IDITIONS CO	ONTRIBUTIN	G							
O THE DE	ATH BUT NOT	RELATED TO	THE TERMINA	il							
20A. DATE C				R WHICH OPERATION W	AS PERFORN	ED		•	21. AUT	OPSY? (Ye	s or Na)
0 1									Y	es	
ZZA. EXTE	NAL CAUSE		228	PLACE OF INJURY(e.g., ne, form, lactory, street, affic	In or about 2	2C. WHERE DID	(If In Baltimor	e City, give			
	GEOR CON'		hon	House	e bldg., etc.) II	1713 Line			14	-01	
		ay) (Year	r) (Haur)	22E INTITRY OCCURRED	2	2F. HOW DID IN	JURY OCCI	JR?		,	
OF INJURY (APPROX.)	12 1.	3 71	2:40 m.	WHILE AT NOT WORK AT V	WHILE X	Shot in	head				
23.			Ι								
l cer	tify that I h	eld on 1	nqulry [Inspection Au	tapsy X	and that an t	his basis,	death In m	y opinion		
resu	Ited from: N	atural cau	ses 🗌	Acatemi Sulci			Undeterml				
ACTUA	111	lon	100	D D	eputy	CHIEF MEDICAL E	XAMINER	X		DATE SI	GNED
SIGNA	116	VV	MA	M.C	ASSI	STANT MEDICAL E	XAMINER				
EXAMI					ASSC	CIATE MEDICAL E	XAMINER			12-14	-/1
24A. BURIAL CRI		Werne		ALZ. M.D.	OF CREMATO	DRY 240	LOCATION	(Class 2-	wn, or county	1) /	Stote)
REMOVAL (Spe	tfy)) (3	noie)
Buria		12-18		Mt. Aubur			Balto			1-14	
25A. DATE REC'I	BY HEALTH	DEPT.	25B. NAM	E OF REGISTRAR		UNERAL DIRECTO				Ctoo	ot
DEC.	r 19/1	Viole	E C4 48	DE ALD	Ke.	lson F.H	. 13	40 va.	lhoun	201.6	90



	11 11 11 11 11 11 11 11 11 11 11 11 11	Y HEALTH DEPARTMENT 71 1	1683					
	CERTIFICA	ATE OF DEATH REG. NO						
	I. NAME OF DECEASED Henry Brown	2. DATE AND HOUR OF DEATH						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution:	residence before admission)					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. BALTIMORE CITY C. CITY OR TOWN D. INSIDE CITY	187					
	MARYLAND GENERAL HOSPITAL	BALTIMORE YES	_					
	HOSPITAL HOSPITAL	E. STREET AND NUMBER 426 E. Lanvale S	4					
de.		e a company of the co	21202					
mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED X		er 1 Yr. If Under 24 Hrs. Doys Hours Min.					
2	WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	2-2-09 62						
0	done during most of working life, even if retired)	7	TIZEN OF WHAT COUNTRY?					
disposition	Laborer Pipe Fitter	Rowan Co., N. Carolina	U.S.A.					
bo		14. MOTHER'S MAIDEN NAME						
dis	Charlie Brown 15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	Charbitle McConnichead						
final	(Yes, no or unknown) (If yes, give wor or doles of service) NO 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Cora Mitchell Mrs. Mattie Bell 2860 Rayner	ADDRESS					
or f	18. CAUSE OF DEA		APPROXIMATE INTERVAL					
0	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH					
H	LEADING TO DEATH (This does not meen the made of dying, e.g., (A) IMMEDIATE CA	2-3 6445						
bal	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)							
E	ANTECEDENT CAMPE							
are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:	2 WKS					
	nise to the above cause (A) stoling the							
=	UNDERLING CONDITION task (C)							
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Malnutaitein						
the	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING	S CONSIDERED					
9	HELL (IDVS/T) () PASTRIC VICEN	IN CERTIFYING CAUSES OF	DEATH?					
before	U 21A. ACCIDENT WAS UNDERLYING 218. FLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF DEATH (notify medical examines)	in or obout 21 C. WHERE DID (If In Boltimore City, gi office bldg., INJURY OCCUR?	ve exact location)					
	21D. TIME (Month! (Doy) (Yeor) (Hour! 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?						
ained	(APPROX.I While At Work At Work	le 🔲						
opt	22. I certify that (1) (this hospital) attended the deceased from		19 7 (
	that (i) (we) last saw the deceased alive an	19 (and that in (my) (aur) apinian dec						
must be	and haur and from the causes stated above. (1) (We) (did /(did nat)	view the bady after death.						
5	23A. SIGNATURE		TE SIGNED					
	hegesel Phy	ending Med. Staff Phys. Phys.	115/21					
>	NAME (Tyrial	23D. ADDRESS						
approval	Lloyd B. MANDE M.D DEGREE							
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	tony, town,						
0 t	ransit-burial 12-19-71 Oakdale Cemetery							
Written	DEC 1 ST VALLE E., TABLE OF REGISTRAR	25C. FUNERAL DIRECTOR 1735 Harford Ave Marshall W. Jones, Jr.	. ADDIES					
- 1	VS 150-REV. 1/1/68							



IMPORTAN **DIRECTOR:** FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 71 11684 REG. NO. 71 11684 CERTIFICATE OF DEATH Such and Deceased death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) rinage hospital 12-15-) ō death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission) attendance (5) Cause Md (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **FULL NAME OF** HOSPITAL OR C. CITY OR TOWN cause; 0 D. INSIDE CITY LIMITS? 8 has YES prior contributing E. STREET AND NUMBER Undetermined de. eeds 6 5. SEX 6. RACE is ma MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys eceased regul lost birthday WIDOWED 7-10-28 DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) death disposition Ξ done during most of working life, even if retired) 0 T Finisher main's. inishen Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME direct 4 assistant eath 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) kind; 6. SOCIAL SECURITY NO. final attendance any pronounced 18. CAUSE OF DEATH 0 50, DISEASE OR CONDITION DIRECTLY ballmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, examiner. uar injury or complication which caused death.) Ee ANTECEDENT CAUSES who regi are DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stating the = physician before the remains UNDERLYING CONDITION last the chief medical medical Mas burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING heart alexease physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). þ 198 CONDITION FOR WHICH OPERATION WAS PERFORMED Performed Dichysis the 19A-DATE OF OPERATION 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 0 by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 21& PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where (If th Boltimore City, give exact location) to the hospital °N MEDICAL DEATH (notify medical examiner) nature; obtained 21D.TIME (Month) (Doy) (Year) 9 (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved Not While (except While At (APPROX.) and Work any 22. I certify that (1)((this hospital) attended the deceased from 197/ -15 be last saw the deceased alive on_ 197/ and that In(my) (our) opinion death occurred an the date of eath) hospital and haur and from the causes stated above. (1) (We) (dld (dld nat) view the bady after death. was released must accident 23A SIGNATURE 23B, DATE SIGNED 0 Attending Med. 0 M DEGREE approval Phys. Director 8 23C. PHYSICIAN'S prior certificate 23D. ADDRESS NAME (Type) at Hrno DEGREE 24A. BURIAL CREMATION, 248. 24C. NAME at CEMETERY of CREMATORY eceased he body 0.0 town, or county) shows: 2 meter Was 25C. FUNERAL PIRECTOR 77 VS 150-REV. 1/1/68

NO

Hours

12 CITIZEN OF WHAT COUNTRY?

If Under 24 His.

USA

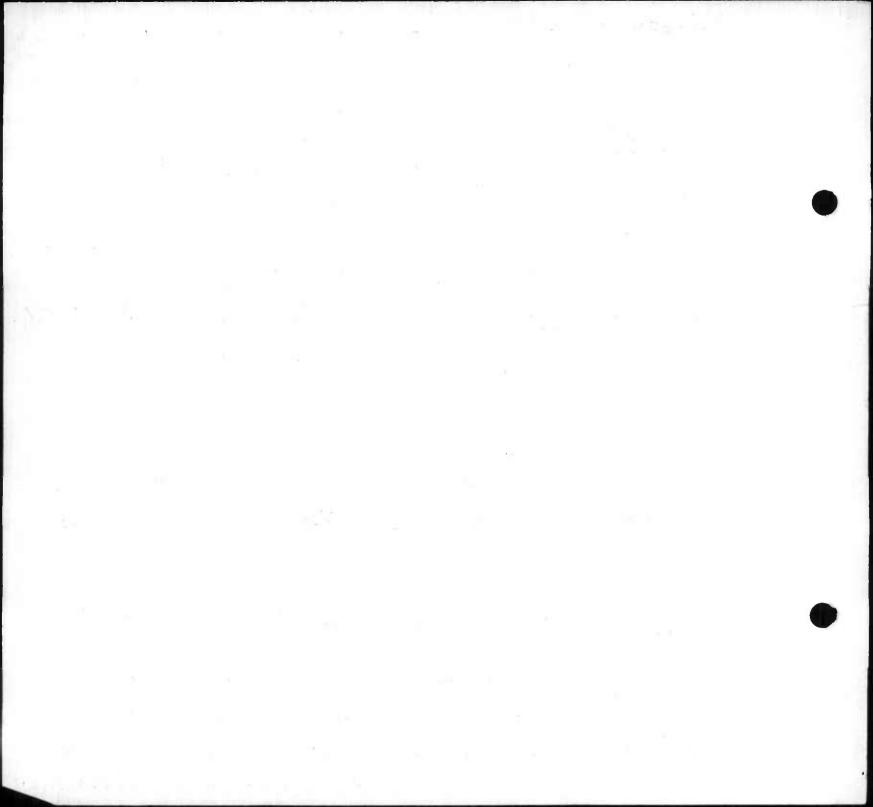
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

-15 197

(Stote)

12-15-71

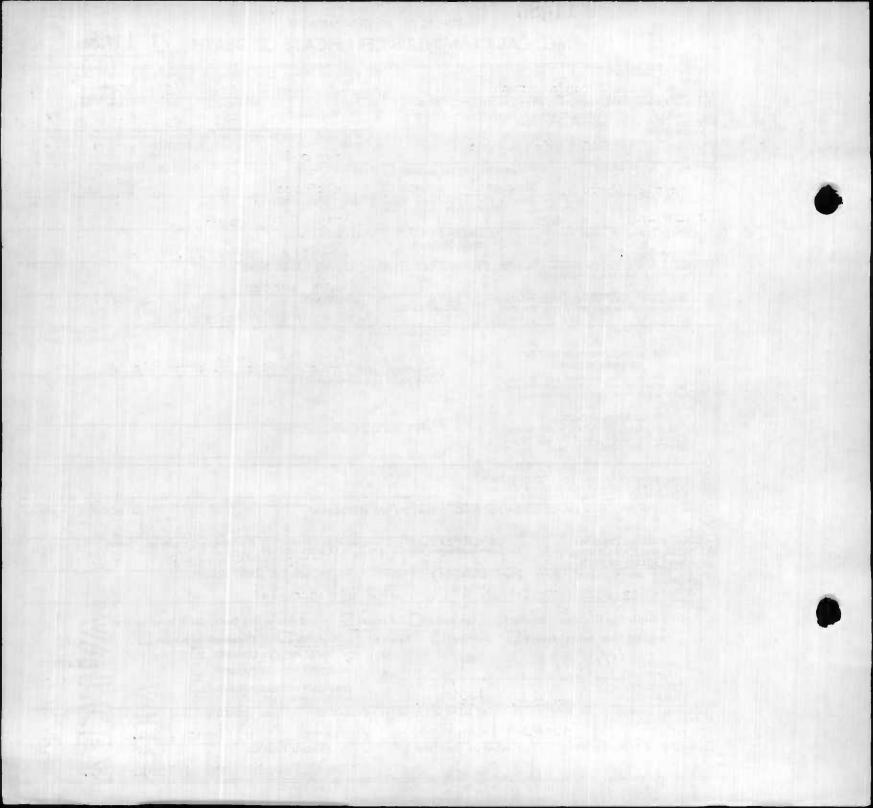
ADDRESS



	-320 71 116		Y HEALTH DEPARTMENT ATE OF DEATH REG. NO.	
1, 8	AME OF DECEASED	COATES	2. DATE AND HOUR OF DEA	71 11685
3.	PLACE IN BALTIMORE MARYLAND, W		4 USUAL RESIDENCE (Where deceased lived,	Il institution; residence before admission)
HC	STITUTION •	AL OR INSTITUTION, GIVE STREET	MARGIAND C. CITY OR TOWN	NSIDE CITY LIMITS?
1	Provident Hosp:	ital of Baltimore	E. STREET AND NUMBER 3410 Auchentoroly To	YES NO NO
5. 9	EX 6. RACE	7. MARRIED NEVER MARRIED	R. DATE OF RIPTH IN AGE III WOOM	If Under 1 Yr., If Under 24 Hrs.
	emale Negro	WIDOW X DIVORCED	10-23-1880 lost birth 91	Months Doys Hours Min.
t0A don	USUAL OCCUPATION (Give kind of world of world of world)	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	omestác	Pvt. Family	Maryland	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Frank Harvey		Jane Whittington	
S. Yes	Was Deceased Ever in U. S. Anned For s, no or unknown! (If yes, give war or date	s of service! SECURITY NO.	17. INFORMANT	ADDRESS Auchen
	No		Mrs. Jeannette Chris	
	DISEASE OR CONDITION DISEASE OR CONDITION DISEASE OR CONDITION DISEASE OF LEADING TO DEATH	dving (A) IMMEDIATE CAL	P	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	heart failure, asihenia, etc. It means Injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	death) Fine Free	eture left lup	**************************************
N	rise to the above cause (A) UNDERLYING CONDITION last.	(c)	a. e. f. f.	
IFICATION	OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 19R CON WAS FERE	T I (A). DITION FOR WHICH OPERATION	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFIC	21A. ACCIDENT WAS UNDERLYING	up my	1000	
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical exominent) 21D. TIME (Month) (Doyl (Year)	218 PLACE OF INJURY (e.g., inches, form, foctory, sheet, of	34/0 anchen Fr	nore City, give exact location) Ly terriace 130
	OF INJURY (APPROX) GET 20 14;	While At Not While At Work	of St. J. Ol Men	in in the Kitcher
- 1	22. I certify that (I) (this hospital)	MATI	19 7/10	10/0 197/
	that (1) (we) last saw the decease			pinion deoth occurred on the date
	and hour and from the causes state	od stoves (i) (We) (did) (did mot) v	view the body after death.	LOOP DATE SIGNED
	for pup	DEGREE Phys		23R DATE SIGNED
	PANSE (Type)	POUTO	23D. ADDRESS Provident 9	Hopital.
:sA	BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
	1212 1 17 0 0 0	7 7 1		
15A	Burial 12-20-	Arbutus Memor. 25B NAME OF REGISTRAR	ial Park Baltimore	Co. Maryland

3410 Authorsend present 1977 rout this is a second of the second second to the

	BALTIMORE CITY HE	ALTH DEPA	RTMENT					
	5-652 MEDICAL EXAMINER'S	CERTIF	CATE	OF I	DEAT	H 71	1168	36
BI	RTH NO.					REG. NO.		
	NAME OF DECEASED	2. DATE	Known	Ø	Month	Day	Year	Hnur
(1y	Brenda Branch	DEATH	Estimote	ed □	12	13	71	2:40 P.
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE			Manth	Day	Yeor	Havr
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	PRONC	UNCED DE	AD	12	13	71	2:40 P.
OF	INSTITUTION	5. USUAL	RESIDENCE	(Where	deceosed	ived. If tostitution	residence b	efore admission)
	1713 Linden Avenue	A. STATE	rvland			B. COUNTY		401
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY O				D. INSIDE CI	TY LIMITS?	
	Female Negro WIDOWED DIVORCED	Ba	ltimore	2		Y	s 🖾 ı	No 🗆
9.	DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.		AND NUM					
	10-10-50 lost birthday) Manths: Days Hours Min.	17	l3 Lind	lan A	37An114			
	BIRTHPLACE(State or foreign country) 12. CITIZEN OF		'S NAME	1C11 11	venac			
	Maryland WHAT COUNTRY?	Cr	arles	Rne	nah	Tro		
144	LUSUAL OCCUPATION (Give kind of work! 4B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTH	R'S MAIDE	N NAMI	E	01.		
don	eduring most of working life, even If retired)	Mo	ry Br	oolea				
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFOR		OURS		Al	DDRESS	
(4.	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	-	arles	Bno	nah			
-	19. CAUSE OF DEA	155	arios	DI.9	arch		I API	PROXIMATE INTERVAL
	670071							EEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			7.				
	(This does not mean the made of dylon, e.g.,	CAUSE MA	nual &	liga	ture	strangul	lation	
	heart follure, asthenia, etc. it means the disease, Injury or complication which caused death.)	AS A CUNSE	SOEWCE OF					
	ANTECEDENT CAUSES (8)		11111					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONS	QUENCE OF	F:			1	
z	UNDERLYING CONDITION LAST. (C)							
15								
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						UV I	
E	DISEASE OR CONDITION GIVEN IN PART 1 (A).							
ER	20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	AS PERFOR	AED				21. AUTOF	SY? (Yes or No)
	2							Yes
CA	22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. 228. PLACE OF INJURY (e.g., home, farm, factory, street, office	In ar obaut	22C. WHERE	DID (II	In Baltima	re City, give exp	ct location)	
MEDICAL	UNDERLYING TOR CONTRIB- home, farm, factory, street, office UTING CAUSE OF DEATH. House	e bidg., elc.)	1713	Lind	en As	renue	141	3
Σ	22D. TIME (Month) (Doy) (Year) (Hours) 122E IN 1816W DCC1188ED		22F. HOW D				-	
	OF INJURY (APPROX.) 12 13 71 2:40 WHILE AT NOT AT W	WHILE VORK	strang	halr				
	23.	TORK ALL	Strails	51.00				
	I certify that i held an Inquiry Inspection Au	topsy 🔽	and that	t on this	s basis,	death in my	opinion	
	resulted fram: Natural causes Accident Suicid	le H	omicide E			ned manner	_	
		eputy				and the same of th		
	ACTUAL /// // //	ACC	STANT MED			П	1	DATE SIGNED
	SIGNATURE M.D.	•	CIATE MED			H	1	12-14-71
	NAME (Type) Werner U. Spitz, M.D.	A330	CIAIE MED	ICAL EX	AMINEK	ш		
24	A. BURIAL CREMATION. 1248. DATE 124C NAME of CEMETERY	or CREMAT	ORY	24D, LC	CATION	(City, town	or county)	(State)
	MOVAL (Specify) Surial 12-18-71 Baltimore							(5,0,0)
	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Cemet	FUNERAL D			ore, Mo	DRESS	
	DEC 17 400 DA 44 7 A							
VS	151-REV, 7/1/68	AAII	C Ma:	r.cu	928	B E Nor	th Ave	9.
	N 997 70 0	0 4	6 8	2				



334

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 3/1/68

24B. DATE

12-20-71

258. NAME OF REGISTRAR

Robert E. Farber, M.D.

71 11687 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. 1 11687 BIRTH NO I. NAME OF DECEASED St. 2. DATE Known K Doy Month Year Hour (Type or Print) OF 7:25 A.M James D. (Ratcliff) Ratliff 71 12 16 Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Day Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 12 71 16 7:25A. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 1716 W. Franklin Street A. STATE B. COUNTY Maryland 6. SEX 7. RACE C. CITY OR TOWN 8. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS? Baltimore Male Negro WIDOWED DIVORCED . YES X NOL 9. DATE OF BIRTH # Under I Yr. II Under 24 Hrs. 10. AGE (in years E. STREET AND NUMBER losi birthdoy) 56 Months | Days | Hours | Min. 1716 W. Franklin Street 2-19-15 11. BIRTHPLACE(State or loreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? South Carolina Prentiss Ratliff 14A-USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working lile, even if retired) Steel Worker Bethlehem Steel 14. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS (Yes, no or unknown) (il yes, give wor or dates of service) 218-07-3249 Mattie L. Ratliff 1716 W. Franklin APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive and arterio-(A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart follure, osthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: sclerotic cardiovascular disease ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) NO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Baltimore City, give exact location) home, form, lactory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) I certify that I held an Inquiry Inspection Autopsy v and that on this basis, death in my opinion resulted from: Natural causes X Accident Sulcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 12 - 16 - 71EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Charles S. Springate, M.D.

24C. NAME of CEMETERY or CREMATORY

Baltimore Cemetery

24D, LOCATION

25C. FUNERAL DIRECTOR

March

Wm C

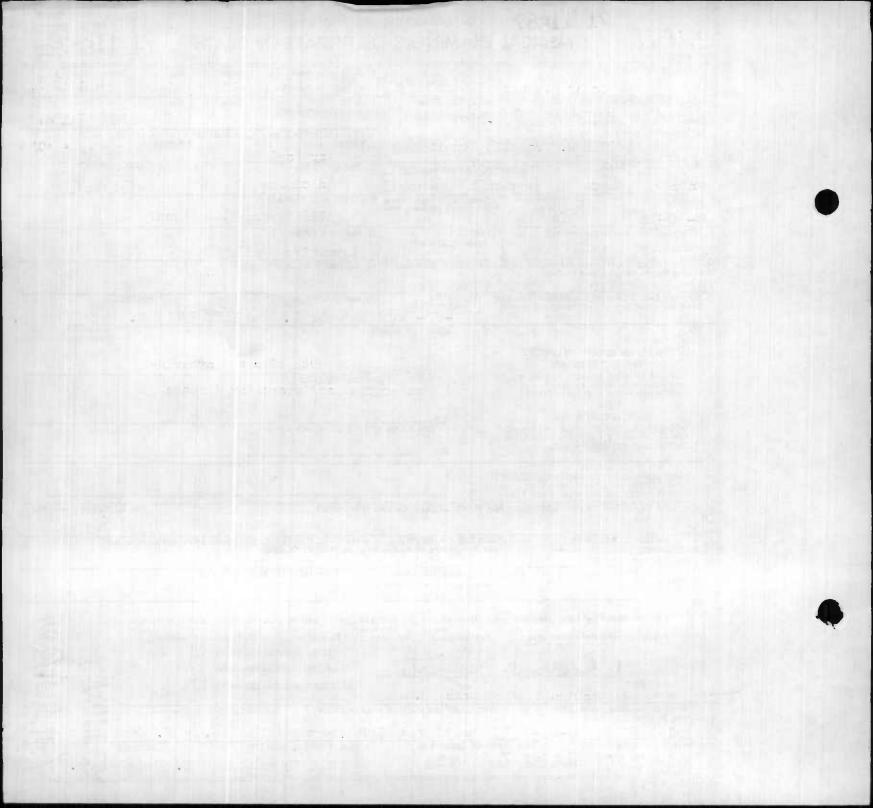
Balto., Md.

(City, lown, or county)

928 E. North Ave.

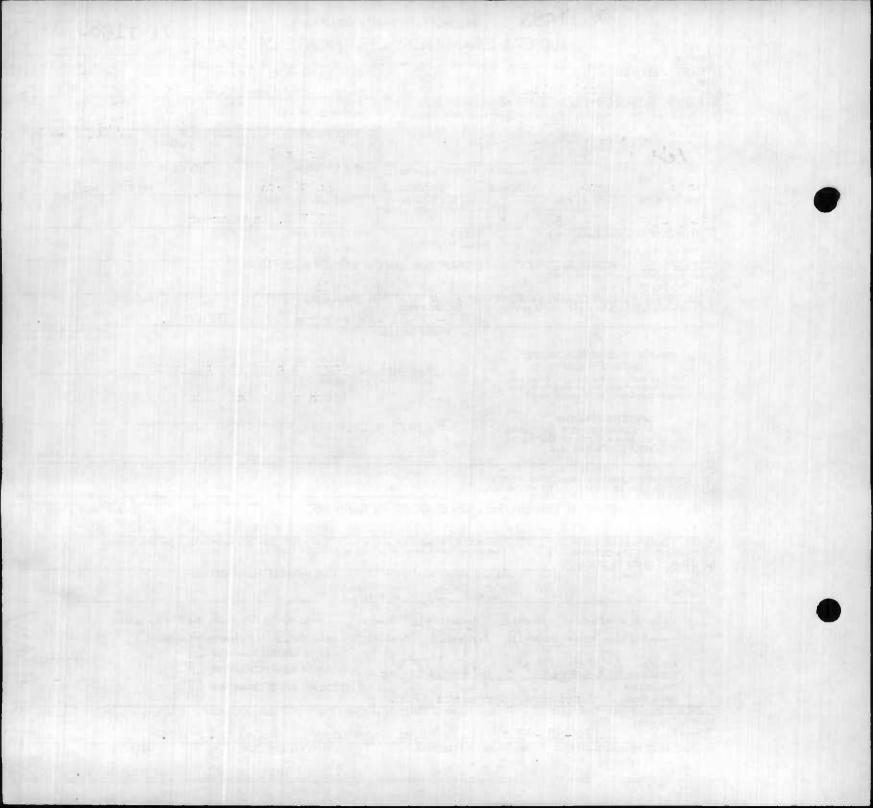
ADDRESS

(Stote)



5-530	71	11688	BALTIMORE CITY H	HEALTH DEPARTMENT	
0-220		MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH R

0		MED	ICAL	EXAMINER 3	EK I IFI	CAIE	שר שנ	CAIL	REG. NO.			
BIRTH NO.	CEACED				2. DATE	Knawn 5	- A4	nth	Day	Year	Hour	
1. NAME OF DECEASED (Type or Print) Fred Smith						Estimated					SHOUT	
A DIACE IN BAL				NOUNCED DEAD	DEATH 3. DATE	Estimoted		12	16 Day	71 Year	Haur	М.
FULL NAME OF						UNCED DEAD)					25.4
HOSPITAL OR INSTITUTION	ADDRES	SS OR LOCA	TION)	UTION, GIVE STREET	- 1101101			12	16	71	11:0	
OKINSIIIOIION	176	7 N. G	ay Str	eet	A. STATE	Maryland			. COUNTY	n: residence b	S O	issian)
6. SEX	7. RACE		8. MARRIE	D NEVER MARRIED	C. CITY OF	TOWN			D. INSIDE C	ITY LIMITS?		
Male	Negre	0	WIDOWE	L-m1 C-m1	1	Baltimo	re	1	v	ES 🖾 1	No 🗆	
9. DATE OF BIRT		IO. AGE (In	yeors 1	Under 1 Yr, Il Under 24 Hrs.	1	AND NUMBE			•		10 🗀	
11-22-16		lost birthda	() N	lonihs Doys Hours Min.		1767 N.	Gav	Stree	t			
II. BIRTHPLACE (S			12	L CITIZEN OF	13. FATHER		day	Der ce				
				WHAT COUNTRY?	707.4	-1- 01	4.7.					
Virgin	PATIONIGINA	kind of work	AR KIND	OF BUSINESS OR INDUSTRY	LI MOTHE	ck Smi	NAME					
done during most of w	vorking lile, eve	en if retired)					TANTE					
Laborer				truction	Kat				A	222000		
id. WAS DECEAS (Yes, no or unknown)	ED EVER IN U	or or dotes	of service)	SECURITY NO.	18. INFOR					DDRESS		
				213-01-516		rtha D	iggs	153	7 N.	Caroli		
19. / 5 /	.71			CAUSE OF DEA	TH						PROXIMATE I	
DISEAS	E OR CONDI	TION DIREC	CTLY									
	LEADING TO			(A)IMMEDIATE C	AUSE Car	rcinoma	of s	tomac	h with			
(This does n	ot mean the i	mode of dy It meons the	ing, e.g.,	DUE TO, OR A								
Injury or con	mplication which	h coused dec	oih.)		in	tra-abdo	omina	1 ext	ension			
A1	NTECEDENT	CAUSES		/0\								
			GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:						
UNDERLYIN	OR CONDITION E ABOVE CAL NG CONDITION	JSE (A) STA' ON LAST.	ING THE	4-1								
NO				(c)								
OTHER SIGN	NIFICANT CON	II IDMONS CO	NTRIRITI	vc								
O THE DE	ATH BUT NOT	RELATED TO	THE TERMIN	IÀL								
				OR WHICH OPERATION W	AS PERFOR	AFD				21. AUTO	PSY2 (Yes	or No)
5			ionor ,	Sa mach of Eaglion in	- 1 - KI - OKI					No		
. (/	NAL CAUSE	MAC	12	OR DIACE OF INIHIDY/A	In no obout	22C WHERE I	DID /II :-	Daluman	City shee an		-	
22A. EXTER UNDERLYING UTING CA	OR CONT	TRIB.	h	BB. PLACE OF INJURY (e.g., ome, farm, factory, street, office	e bldg., etc.)	NJURY OCCI	UR?	politimore	City, give ex	ser rocumon)		
≥ 22D. TIME		ay) (Year) (Hour)	22E.INJURY OCCURRED		22F. HOW DI	D INJUR	Y OCCU	R?			
OF INJURY (APPROX.)				WHILE AT NOT	WHILE T							
23.			п	NORK LI AT W	ORK L					-		
1 cert	ify that I he	eld on I	ngulry 🔲	Inspection X Au	topsy 🗌	and that	on this	basis, d	leath in my	opinion		
resul	ted from: N	atural cau	ses X	Aceident Suicid	н Пы	omicide	Und	etermin	ed monner			
	12	2 /				CHIEF MEDIC						
ACTUAL		- 10	7.	Vale II	224	ISTANT MEDI			<u>k</u>		DATE SIG	ENED
SIGNAT		and or	9	M.D	•				i	1	2-16-7	71
EXAMIN NAME (1		harles	S. St	oringate, M.D.	ASSO	OCIATE MEDIC	CAL EXAM	VILVEK (_	1.	2-10-	/ 1
24A. BURIAL CRE	MATION, 2	4B. DATE	2. 5	24C. NAME of CEMETERY	or CREMAT	ORY	24D. LOC	ATION	(City, tow	n, ar caunty)	(St	iote)
REMOVAL (Speci		10.01	רעז	Wide Asstrance O	ame b		T) = 3	4 -	7.7.7			
Burial		12-21		Mt Auburn C				to.,		DDDECC		
23A. DATE REC'D	PI SOME	O a	-	ME OF REGISTRAR	25C.	FUNERAL DI	RECTOR		,	ADDRESS		
DEC 1	7 1971	Vielse,	1 E. J.	when MD.	W	m C Ma	rch	928	E No	rth A	70 e	- 3
VS 151-REV. 1/1/6	8		1 79		\cap \cap	() ()	6					



71 11689 BALTIMORE CITY HEALTH DEPARTMENT 71 11689 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO BIRTH NO. 1. NAME OF DECEASED DATE Known Manth Hour (Type or Print) OF Estimoted ELANORE KING DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Manth Yeor Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 12 13 1971 6:40a ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) B. COUNTY A. STATE 1815 N. Spring St. Md. D. INSIDE CITY LIMITS? 6. SEX 7. RACE C. CITY OR TOWN 8. MARRIED NEVER MARRIED female Balto. negro WIDOWED . YES E DIVORCED NOL last birthdoy) 9. DATE OF BIRTH If Under 1 Yr, If Under 24 Hrs. E. STREET AND NUMBER Months | Days | Hours | Min. 1815 N. Spring St. 2-7-40 12. CITIZEN OF 13. FATHER'S NAME 11. BIRTHPLACE(State or fareign country) WHAT COUNTRY? New Jersey Willie King 14A.USUAL OCCUPATION (Give kind of work] 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during mast of warking life, even if retired) Marv 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown)(If yes, give war or dates of service) 18. INFORMANT ADDRESS 17. SOCIAL SECURITY NO. Rosetta Jones 3032 Baker Street APPROXIMATE INTERVAL 19. 1 CAUSE OF DEATH BETWEEN ONSET AND DEATH Focal myocardial fibrosis DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart latture, asthenia, etc. It means the disease, injury ar complication which caused deoth.) **ANTECEDENT CAUSES** (B). DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Acute ethylism TO THE DEATH BUT NOT RELATED TO THE TERMINAL CERTIFIC DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION [208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY7 (Yes ar Na) ves 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in ar obaut 22C. WHERE DID (If in Baltimore City, give exact location) home, farm, lactory, street, affice bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) OF INJURY 22F. HOW DID INJURY OCCUR? 22E.INJURY OCCURRED (Year) WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my apinion resulted from: Natural causes Accident Sulcide Homicide ___ Undetermined manner CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Russell S. Fisher, M.D. 12 - 13 - 71NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tawn, or county) 248. DATE (Stole) REMOVAL (Specify) 12-17-71 Mt Calvary Cemetery Anne Arundel Cty., Md. Burial

REMOVAL (Specify)
Burial 12-17-71 Mt Calvary Cemetery Anne Arundel Cty., Md.

25A. DATE REC'D BY HEALTH DEPT.

DFC 17 SV 258. NAME OF REGISTRAR

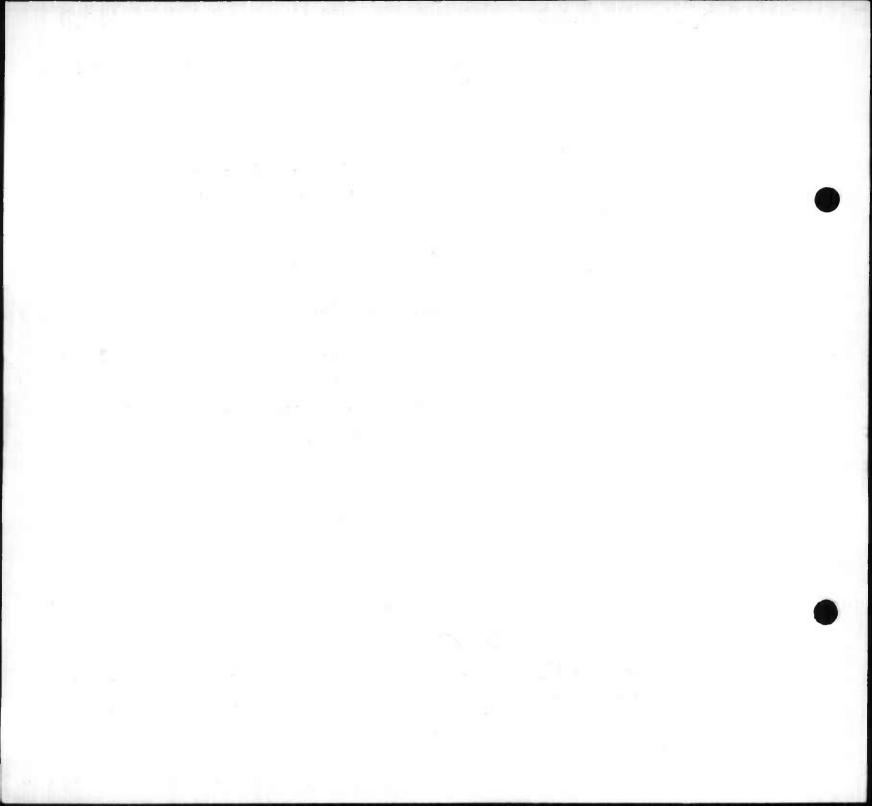
Wm C March 928 E. North Ave.

VS 151-REV. 1/1/68

1-18-72 - Form - Completion of cause of Death on a Pending Medical Examiner Death Certificate - Russell S. Fisher, M.D. - Unpended 1-17-72

HRS

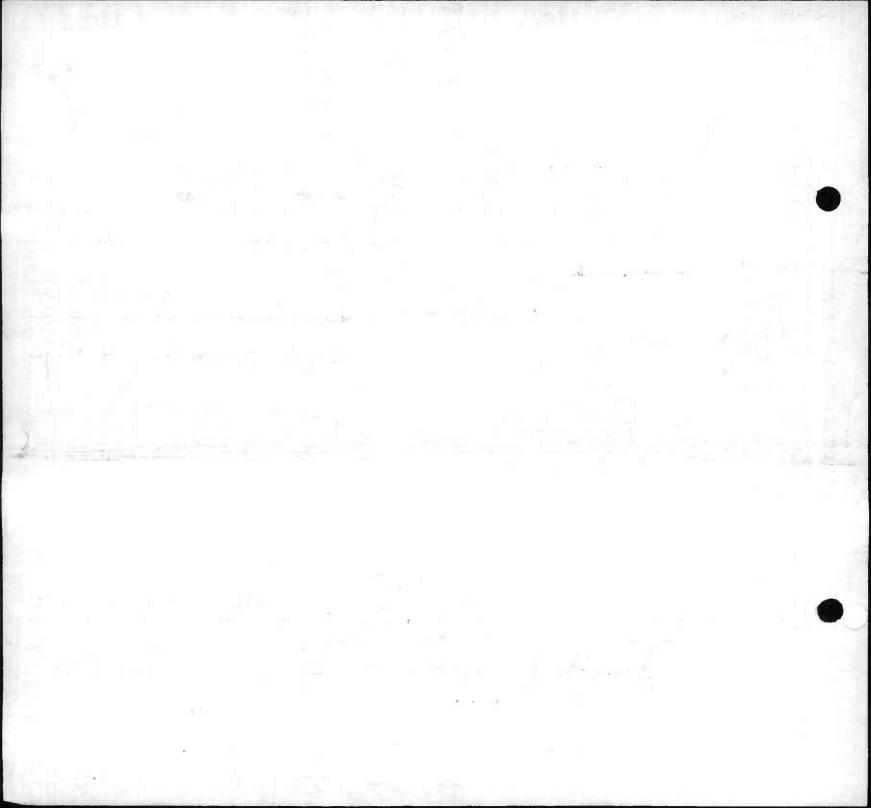
71 11690 BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH etermined cause; (5) Deceased hospital and of death 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 3. PLACE IN BALTIMORE, MARYLAND. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) ance cause FULL NAME OF HOSPITAL OR INSTITUTION Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) attend C. CITY OR TOWN 0 0 D. INSIDE CITY LIMITS? Baltimore YES KK NO prior contributing The Johns Hopkins Hospital E. STREET AND NUMBER occurred Baltimore Street 1508 E. regular 8. DATE OF BIRTH 2/26/24 5. SEX 6. RACE 9. AGE (in years last birthday) 47 mad MARRIED NEVER MARRIED II Under 1 Y& Il Under 24 Hrs. deceased Female Negro WIDOWED DIVORCED 10A, USUAL OCCUPATION (GHe kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition = done during most of working life, even if retired) (4) Und MARYLAND Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME CHARLES RICHARDSON BUTLER 0 death 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown)[(If yes, give war ar dates of service) 6. SOCIAL ADDRESS SECURITY NO. attendance any pronounced DISEASE OR CONDITION DIRECTLY embaimed (3) A fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, e.c. it means the disease, DUE TO, OR AS A CONSEQUENCE OF: regular injury ar complication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) = physician UNDERLYING CONDITION last. remains the body was released to the hospital by a medical MOS **Body burns;** 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED the 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF any nature; (2) where 218 PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (II In Boltimore City, give exact location) ŝ MEDICAL DEATH (notify medical examined) obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) 9 (Hour) 21 INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? approved (except Not While While At (APPROX) and Work 22. I certify that (1) (this hospital) ottended the deceosed from that (f) (we) lost saw the deceased oflive on. and that In(my) (our) opinion death occurred on the date hospital eath) and hour and from the causes stated above. (1) (##) (did not) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED T Attending Staff 2 approval 8 23C. PHYSICIAN'S NAME (Type) prior at was D.O.A. shows: (1) 24C. NAME of CEMETERY OF CREMATORY pespese REMOVAL (Specily) VS 150-REV. 1/1/68



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lca	M-394 71 11691 BALTIMORE CIT	Y HEALTH DEPARTMENT 71 11691
	BRITH NO.	ATE OF DEATH REG. NO.
Such	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	1. NAME OF DECEASED WHELE I, ANNA Bell	Q MALONE December 15, 1971 4:25 pm.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY
deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 833
t of	ADDRESS OR LOCATIONI INSTITUTION Baltimore City Hospitals	C. CITY OR TOWN D. INSIDE CITY LIMITS?
0	4940 Eastern Avenue	Baltimore YESKIK NO
E .	Baltimore, Maryland 21224	1302 Milton Avenue 21213
0 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years I If Under 1 Ys. 11 Under 24 His.
BOE	Female Negro WIDOWED DIVORCED	6-10-28 lost birthdoy 43 Months Days Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	
i e i	Housewife	North Carolina USA
was i the d	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	Willie T. Malone	Emma Fain
= 50	15, Was Decoased Ever in U. S. Armed Forces? 16, SOCIAL	17. INFORMANT ADDRESS
dea nai		BCH RECORDS: 4940 Eastern Avenue
T E	\$19-20-7210 CAUSE OF DEA!	TH APPROXIMATE INTERVAL
nounced dea attendance Imed or final	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
DOC DATE	LEADING TO DEATH	
0 1 5	heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
o progeries	Injury or complication which caused death.)	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANTECEDENT CAUSES (6)	S A CONSEQUENCE OF:
_ 5	rise to the above cause (A) stating the	3 A CONSEQUENCE OF
an in ns	UNDERLYING CONDITION lost. (C)	
physician an was ir remains		
ra h	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
re the physicic physician was fore the remain	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 1218. ACCIDENT WAS UNDERLYING 11 1218. PLACE OF INJURY (e.g.,	20A-AUTOPSTS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
the state	WAS PERFORMED	1002-11-0
here the	On CONTRIBUTION OF CONTRIBUTION	in or obout 21 C. WHERE DID (II In Bollimore City, give exect location) office bidg, INJURY OCCUR?
	DEATH Inofify medical examined otc.)	
3 6	DEATH Inofify medical examined etc.)	21F. HOW DID INJURY OCCUR?
(except w and (6) obtained	(APPROX.) Work At Work	
0 0		ecember 13 1971 to December 15 19 71
- 40	that (*) (we) lost saw the deceased alive on December 15,	19 71 and that In (m) (our) opinion death occurred on the date
spital leath) ust be	and hous and from the couses stoted obave. (IX (We) (did) (474/190)	
hospital o death) I must b	23A. SIGNATORE	tending Med. Stoff 238 DATE SIGNED
a to a	Archive Ph	ys. Director Phys. L
to o	23C.PHYSICIANS NAME (VID) Judith Wisneski, M.D.	23D. ADDRESS 4940 Eastern Avenue
A. at a prior to	DEGRE	Baltimore, Maryland 21224
D.O. ased	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D, LOCATION (City, town, or county) (Stole)
T O O	Burial 12-20-71 Mt Auburn Ce	
was D.O.A deceased written ap	DFC 17 197) 258, NAME OF REGISTRAR	Wm C March 928 E North Ave.
n > U >	VS 150-REV, 1/1/68	Wm C March 928 E North Ave.
	TO 100 101 11 11 11 11 11 11 11 11 11 11 1	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased attendance on the rior to death. Such was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Written approval must be obtained before the remains are embalmed or final disposition is made. approved by the chief medical examiner or his assistant if death This certificate must be

VS 150-REV. 1/1/68

	D BALTIMORE CIT	Y HEALTH DEPARTMENT
	BIRTH NO. 35 71 11692 CERTIFICA	ATE OF DEATH REG. NO. 71 11692
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	Partner, Julia	12/15/71 3:30 A _• M _•
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	Baltimore, Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Pleasant Manor Nursing Home	Baltimore YES X NO
	4615 Park Heights Avenue	E. STREET AND NUMBER
	5 Byltimore AMaryland 21215	1215 Winston Avenue
	"• MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye. If Under 24 Hrs. Manihs Doys Hours Min.
	Female Negro WIDOWED DIVORCED	1 9/18/90 1 81 1 1 1
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Unknown Unknown	Baltimore, Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unknown	Unknown
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! If yes, give war or doles of service! SECURITY NO.	17. INFORMANT ADDRESS
	343∞20∞2632∏	Mrs. Annie Hurt 1215 Winston Avenue
	18. 15 3 . X 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dving as (A) IMMEDIATE CAL	
	heart foilure, osthenia, etc. It means the disease, injury ar complication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	CACINE IN COMMENT
	DISEASES OR CONDITIONS, if any, giving (B)	A CONSEQUENCE OF:
	TINDER VING CONDITION I	
∥	CO.	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Finum
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	<u> </u>
	O O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A ACCIDENT WAS UNDERLYING TO THE TERMINAL 21A ACCIDENT WAS UNDERLYING TO THE TERMINAL WAS UND	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in	1
	OR CONTRIBUTING CAUSE OF hame, form, factory, street, all etc.	n or obout 21 C. WHERE DID (If In Boltimore City, give exoci location)
	21D-TIME (Manih) (Doy) (Yeor) (Haur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While At Work At Work	• 🗆
	22. 1 certify that (1) (shis hospital) attended the deceased from	
	that (I) (we) lost sow the deceased office on (2/10/7/	19 and that In () () () and an Internal and a start of the
	and haur and from the causes stated above. (1) (We) (did not) v	lew the body after deoth.
	23A. SIGNATURE	23B. DATE SIGNED
	Attenue Prosess Phys	nding [7] Med. A Stoff [7]
	DEGREE OF COLUMN AND ADDRESS OF THE PARTY OF	23D. ADDRESS
	Harvey Feuerman, M.D.	2891 Smith Avenue
1	4A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	
Ш	Burial 12-19-71 Calvery Bapt Ce	1,0000
1	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FINSPAL DIRECTOR

25R NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Morton & Dyett F. H. 1701 Laurens St. atom knyete K. . IT "guene t. .

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D POS 74 44000 BALTI	TIMORE CITY HEALTH DEPARTMENT							
K-300 71 11693 CER	RTIFICATE OF DEATH REG. NO. 71 11693							
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
CLARENCE LEED	12/13/71 730 PM							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived, Il institution: residence before decision A. STATE							
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	H MARYLAND							
INSTITUTION	BALTIMORE VESTX NOT							
THE JOHNS HOPKINS HOSPITAL								
	1058 ARGYLE AVE.							
5. SEX LE 6. RACE NEGRO 7. MARRIED NEVER M.								
WIDOWED	ORCED 2-19-01 70							
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS Of done during most of working life, even if refired)	DR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNT							
122-4-111-4-111-4-111-4-111-4-111-4-111-4-111-4-11-4	South Carolina U. S. A.							
NICK REED	14. MOTHER'S MAIDEN NAME							
	IDA HUMPHREY							
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) Ul yes, give wor or dotes of service) 16. SOCIAL SECURITY	TY NO.							
\$77-12-								
	E OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA							
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	MEDIATE CAUSE CARCINOMA of BLADDER							
	MEDIATE CAUSE CTRCLWOMA OF BLADDERS UE TO, OR AS A GONSEQUENCE OF:							
injury or complication which caused death.)								
ANTECEDENT CAUSES	Cerebral Embolus							
DISEASES OR CONDITIONS, if any, giving sise to the obove cause IA) stating the	JE TO, OR AS A CONSEQUENCE OF:							
UNDERLYING CONDITION last. (C)								
, II								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
O DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 198- CONDITION FOR WHICH OPERA	ATION 20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED							
WAS PERFORMED	ATION 20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
U 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF IN	NJURY (e.g., in or obout 21C. WHERE DID (If In Baltimare City, give exact location) ory, street, affice bidg., INJURY OCCUR?							
DEATH Inotify medical examines) 2 DEATH Inotify medical examines) 2 DEATH Inotify medical examines) 6 CO (Hour) 2 DEATH Inotify medical examines) 6 CO (Hour) While At []	of ance and index acces							
OF INJURY (Month) (Doy) (Yeo) (Hour) 21E INJURY OCC	The state of the s							
(APPROXI	Not While At Work							
22. I certify that (1)(this hospital) attended the deceased	22. I certify that (1)(this hospital) attended the deceased from 12/1 19 10 17/13							
that (1) (we) last saw the deceased office on								
and hour and from the causes stated abaves (1) (We) (did) (did not) view the body after death.								
23A. SIGNATURE 23B. DATE SIGNED								
J. Heald Holdeman Mac Director Director Phys. (2)								
PAC. PHYSICIAN'S NAME Typel 23D. ADDRESS								
24A, BURIAL CREMATION, 124B, DATE 124C, NAME OF CREME	THE JOHNS HOPKINS HOSPITAL							
REMOVAL (Specily)	ETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)							
	Cemetery Cheraw, South Carolina							
DEC 17 1971 Cobase L. Jaker M.D.								
V\$ 150-REV. 1/1/68	Mortona Duet Funeral dome							

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ا	B-650 71 11694 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 11694						
an ase th th	Type or Print) 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH						
of do	ROSA BROWN (ROSIE) 12-15-71 M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)						
a hospital ause of c e; (5) Dece ndance or	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						
2 % 0 %	C. CITY OR TOWN D. INSIDE CITY LIMITS? BALT IMORE YES X NO						
O L . I	1814 LAURENS STREET E. STREET AND NUMBER						
ra en la	1814 LAURENS STREET 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lit Under 1 Yr., If Under 24 Hrs., Months; Days; Hours; Min.						
occur ontrib ermin regul	F N WIDOWED DIVORCED 4-10-1882 89						
D - D - D -	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country) done during most of working life, even it relired) Lessex Cty, Virginia 12. CITIZEN OF WHAT COUNTRY? U. S. A.						
rect of (4) Ur was the isposit	13. FATHER'S NAME						
dire dire di, (4	George Jackson 5. Was Deceased Ever In U. S. Armed Forces? Yes, no or unknown] (III yes, give wor or doles of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.						
assistant if the di ny kind; d death lance on r final di	Mrs. Eleanor Banks 1814 Laurens St.						
S B B B C	18. 4 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY						
lso of of other	LEADING TO DEATH (A) IMMEDIATE CAUSE (D) & LEMONLOS SONO SONO SONO SONO SONO SONO SONO						
r. Trong	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES GELDS VESCULO L d'SPELLE 6 YEAR						
	DISEASES OR CONDITIONS, if any, giving itse to the above cause (A) stating the UNDERLYING CONDITION last.						
ica is sin a							
medicy burry physian w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
Chie Bod the ysic	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A-ACCIDENT WAS UNDERLYING [1] 21B. PLACE OF INJURY (e.g., in gr obsul 21C, WHERE DID. (If in Boltimore City, give exect location)						
of ph of of other	OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg. INJURY OCCUR?						
ed artuatus (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED VAPPROX.) While Al Not While Al Work At Work						
the an obt	22. I certify that (I) (this hospital) attended the deceased from 11-5-1971						
of of of of to be	that (1) (we) last saw the deceased alive on 12-13-197 and that In(my) (507) apinion death occurred an the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
must be eleased ccident hospit to deat al must	23A. SIGNATURE 23B. DATE SIGNED						
	Attending Med. Staff Director Phys. 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type)						
y was rely y was rely (1) An acc 3.A. at a lo d prior to	NAME (Type) NAME (Type) DEGREE DEGR						
L = 0 0 = 1	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
This certify the body shows: (1) was D.O. deceased written a	Burial 12-18-71 Pleasant Rest Cemetery Towson, Maryland 25A. DATE REC'D BY HEALTH DET. ADDRESS 25C. FUNERAL DIRECTOR ADDRESS						
* 44 3 9 3	DEC 17 1971 Jabes E. Jabes MORTON & DYETT FUNERAL HOME 1701 LAURENS ST						

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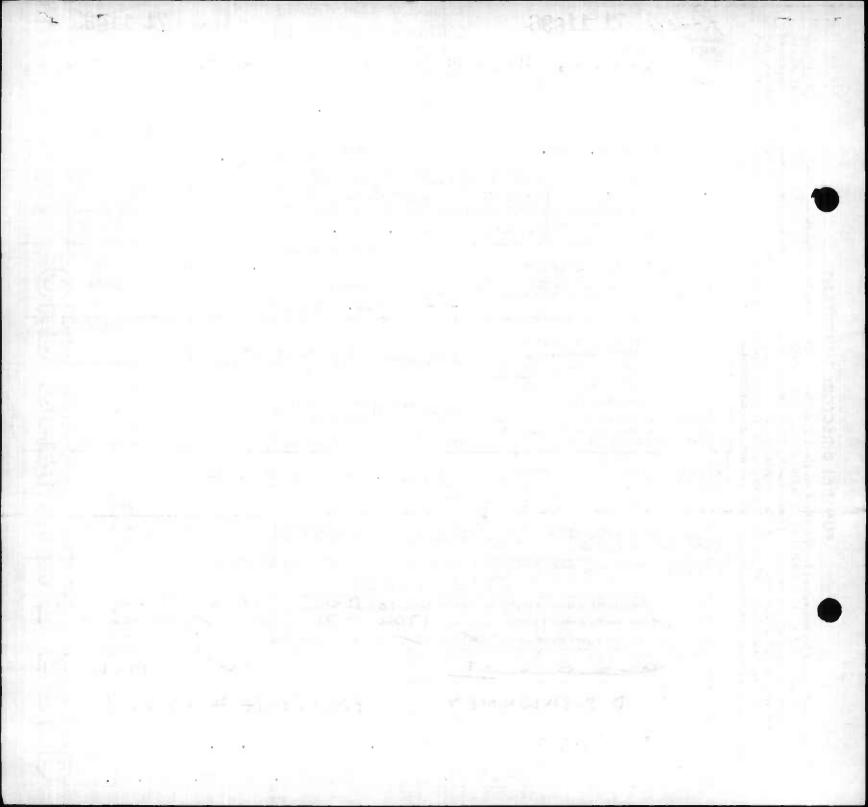
The first is a long to the same of the sam

	11)-214 71 11695 BALTIMORE CITY HEAD	X (1 1 6 3 3				
	BIRTH NO.	OF DEATH REG. NO.				
	(Type or Print) URNERFORD WIGFIELD	2. DATE AND HOUR OF DEATH				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. U. A. ST	SUAL RESIDENCE (Where deceased lived, If institution residence before admission) ATE B. COUNTY				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	26 OAKWOOD Roberts Place				
	JUNIV. Md. Hosp. C	UM bER LAND D. INSIDE CITY LIMITS? YES \(\square\) NO \(\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}}} \simptintileset\signt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}} \signtilightintileset\signt{\sqrt{\sind{\sint{\sin{\sintes\sqrt{\sint{\sint{\sint{\sin}}}}}}}}}} \signtintileset\si				
	E. ST	MARYLAND				
	WIDOWED DIVORCED 1	12/109 9. AGE (In years if Under 1 16. If Under 24 Hrs. Months; Doys Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BI	RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? CLICA				
-	TREE SURGEON Horticulture 13. FATHER'S NAME 14. M	OTHER'S MAIDEN NAME				
	George E. Wigfield	Maggie Stottlemeyer				
		MRS, GEORGEST CUMBERIAGE				
	10	NEUMONIA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	SEPSIS				
	(This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It meens the disease, injury or complication which caused death.) PNEA	SEQUENCE OF: MONIA				
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if any, giving nise to the obove cause (A) stoting the UNDERLYING CONDITION lost. (B) DUE TO, OR AS A CONDITION LOST.	SEQUENCE OF:				
	BRAIN TUR	mor - HydrocephAlus				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	d diverticulitie				
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 120	A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	OP CONTRIBUTING CAUSE OF	out 21 C. WHERE DID Iff in Bollimore City, give exact location				
	DEATH (notify medical examiner) Q 21D.TIME (Month) (Doy) (Yearl (Hour) 21E INJURY OCCURRED While At The Notice bid election, street, office bid election, foctory, street, office bid	21F. HOW DID INJURY OCCUR?				
	(APPROX.) While At Work At Work	121				
	22. I certify that (1) (this hospital) attended the deceased from	18 19 / to 10/11 19 7/				
that (1) (we) lost sow the deceosed olive on						
	NAME TYPE OSEPH A. SoliMAN 23D. AD					
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR	RY 24D- LOCATION (City, town, or county) (State)				
	REMOVAL (Specify) Burial 12/15/71 Sunset Memorial Par					
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 250	FUNERAL DIRECTOR ADDRESS				
	VS 150-REV. 1/1/68	. Wayne, George 202 Greene St. Cumberland, Ma				

enn.

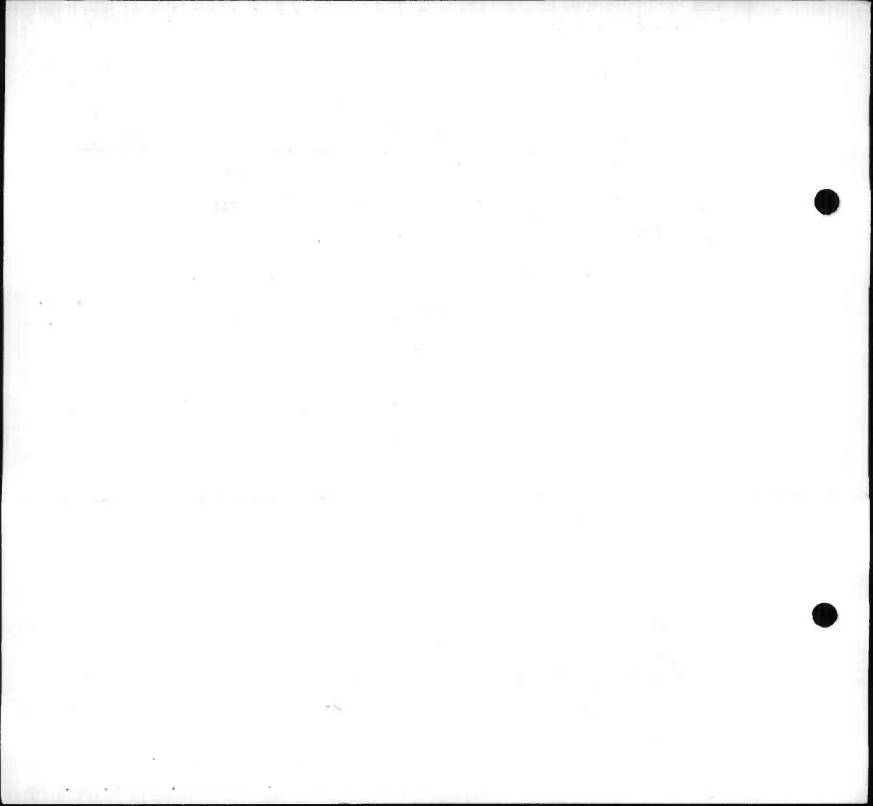
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BIR	-400 H NO.	71 11(596			HEALTH DEPART	ATH	REG. NO	71	116	96
	AME OF DECE	CELLY:	HE	LEN LOU	ise	(Lula) 2.		HOUR OF DEAT	н 71	1	3.40 Am.
3. 1	LACE IN BALT	MORE MARYLAND,	WHERE PROP	NOUNCED DEAD		4. USUAL RESIDEN	& COUN	e deceased lived. If	in stitution:	residence	before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			Md. C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YEST NO								
7	South	Balto. Hos	sp.			e. STREET AND N 2915 Rue	UMBER	Ave.	163	<u> </u>	NO []
5. S	•	6. RACE	7- MARRIE WIDOWI	ED DIVORCED		5/19/1886		9. AGE (In years lost birthday) 85	If Und Months	er 1 Ye. Days	If Under 24 Hrs. Hours Min.
done		orking life, even if refire	44	schild Kohn		I. BIRTHPLACE (SI	ale or larei	ga country)		USA.	WHAT COUNTRY
13.	John ¹	e homas Nordl	nouse		1	4. MOTHER'S MA		. Connoley	7		
15, \ (Yes	Nes Deceased no or unknown)	ever in U.S. Anned Of yes, give wer er d	forces? oles of service	16. SOCIAL SECULITY NO. 214-22-838		7. INFORMANT	0 3	2		ADDRE	55
n	18 /			214-22-836		Mrs. Harry	y Smal	.1 same		4 40000	XIMATE INTERVAL
NOU	(This does no heart failure, a injury or comp A DISEASES Of itse to the UNDERLYING OTHER SIGNIFIE	E OR CONDITION EADING TO DEAT of mean the mode sishenia, etc. It mea lication which caus NTECEDENT CAUS R CONDITIONS, i above couse (/ CONDITION last, LI CANT CONDITIONS (LI	H of dying, e. ns the diseased death.) ES I any, givi a) staling t	(c) (c)	RAS A	E U'ren CONSEQUENCE OI CONSEQUENCE O Bless tension	Fi N	Anima			
CERTIFICATION	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED				20A. AUTOPST?	(Yes or No	208 IF YES, WES	E FINDING	S CONSIE	DERED	
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR? DEATH (notily medical examined) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR?						ocation)				
MEDICAL	21 D. TIME OF INJURY (APPROX)	(Month) (Day) (Ye	While At Not While C								
	22. I certify that (1) (this hospital) attended the deceased from 16. Dec 1971 to 17 Dec 1971										
	that (1) (we) last saw the deceased alive an										
	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff 7 Dec. 7										
	23C. PHYSICIAI NAME (Ty	Y'S	AWH	HNEY DEGREE	Phys.	BD. ADDRESS		lf Han	ove	r 87.	
24/	REMOVAL IS Buria	pecify)	/71 N	ew Cathedral				to. Ad.	(City, town,	or county) (State)
1	EC 20 1		E Jab	NE OF REGISTRAR		25C, funeral Leonar		Ruck Inc.	Balto,		ORESS
VS	150-REV. 1/1/6	8	7	1 1 2	1	90	1 6.0				



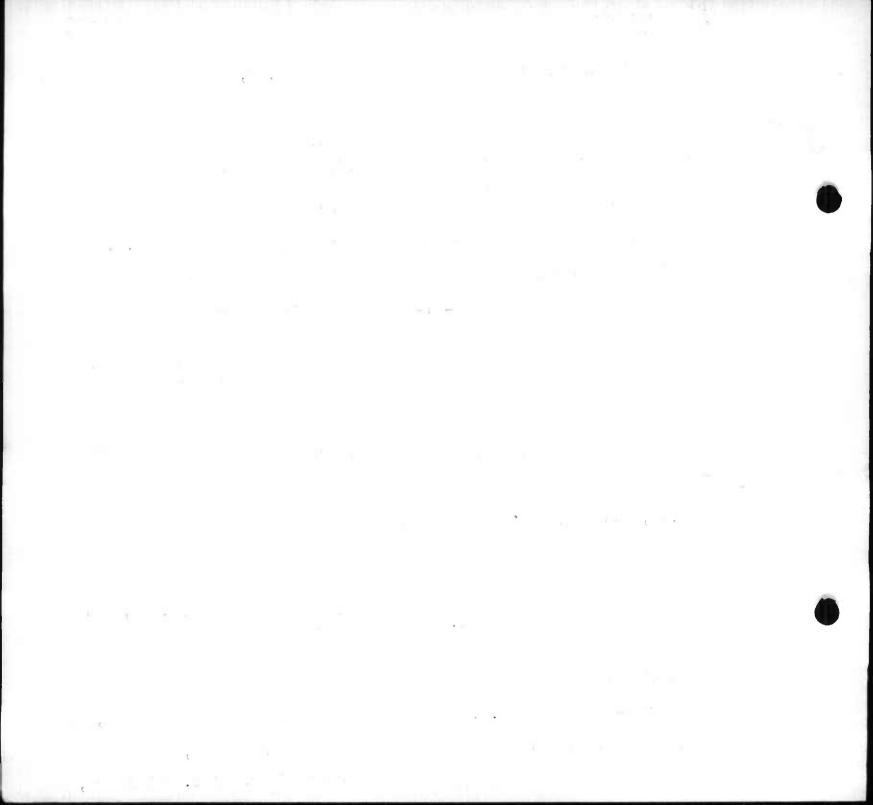
CERTIFICATE OF DEATH (5) Deceased Such hospital and of death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 cc 12 1971 death. 3. PLACE IN BALTIMORE MARYLAND. WHERE PRONOUNCED DEAD attendance wottinghan Not cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) canse; 0 O Nottingham SAI to prior contributing E. STREET AND NUMBER occurred etermined Nottingham made in regular 5. SEX 9. AGE (In years 7. MARRIED deceased last birthday WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate of Jorgian Country disposition done during most of working life, even if retired) Dud Bourg cher-ducation Board Mass. Was 13. FATHER'S NAME direct the 4. MOTHER'S MAIDEN NAME 4 assistant if George H. eath 0 kind; 15. Was Deceased Ever In U. S. Armed Ferces? IYas, no or unknown] III yes, give war or dates of sarvica) 1 6. SOCIAL 17. INFORMANT or final SECURITY NO. attendance ō 216-18-1708 John any 18. / pronounced DISEASE OR CONDITION DIRECTLY A fracture of embaimed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, the chief medical examiner regular injury or complication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving AS A CONSEQUENCE OF rise le the obove couse (A) 5 physician before the remains UNDERLYING CONDITION lost Was burns; ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) any nature; (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION by a the WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID heme, form, factory, street, office bldg., INJURY OCCUR? the body was released to the hospital MEDICAL °N (9) DEATH (notify medical examined) by obtained 21 D. TIME OF INJURY (Doy) |Year) (Month) (Hour) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved (except Not While While At (APPROX.) and At Work 22. I certify that (I) (this hospitul) attended the deceased from 6/12/1964 that (1) (yet) lost saw the deceased alive on_ eg eath) hospital and hour and from the courses stated above. (1) (##) (did not) view the body after death. certificate must be must An accident 23AL SIGNATUR T Attending | Med. 0 Staff approval 8 23C. PHYSICIAN'S NAME (Type) prior 23 D. ADDRESS at J-CHAS NORTON m. D D.O.A. 24A. SURIAL CREMATION, 24B. DATE shows: (1) was D.O.A 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION Oakland emeterv 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Luck Inc

REG. NO. 71 11697 BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE | Where doceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES A NO Il Under 24 Hrs. If Under 1 Yr. Menths! Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA Katherine T. Farrell Forest BETWEEN ONSET AND DEATH Sudden 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) ond that in (reg.) (our) opinion death occurred on the date 23B DATE (City, town, or county) 1Stote

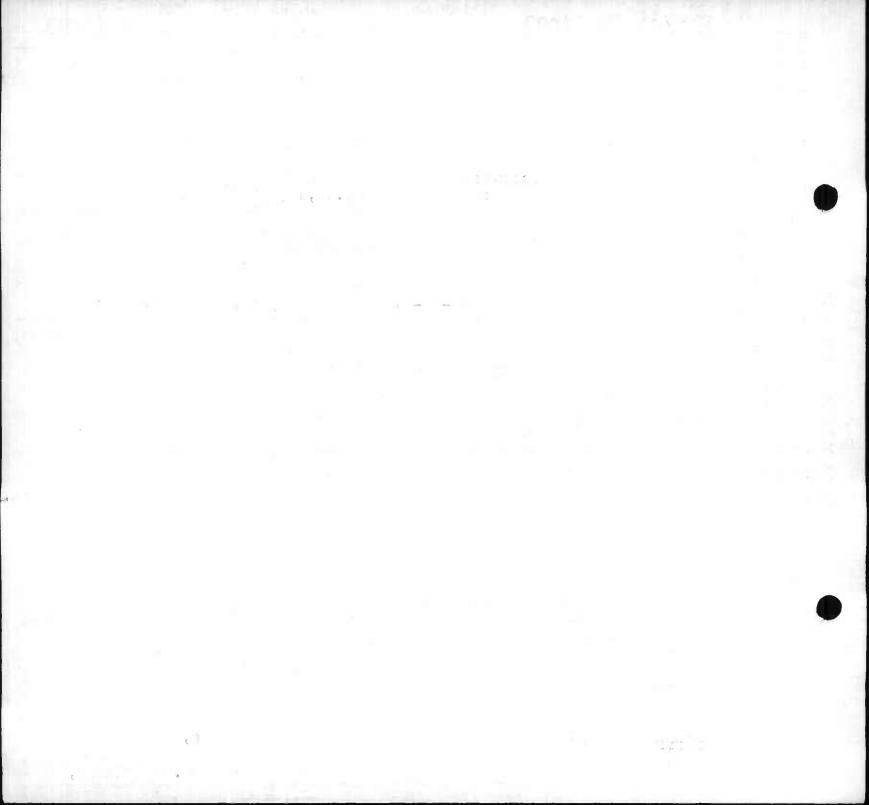


ssistant if death occurred in a hospital and	the direct or contributing cause of death	r kind; (4) Undetermined cause; (5) Deceased	death was in regular attendance on the	ince on the deceased prior to death. Such	final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	ed to the hospital by a medical examiner. Also, if t	it of any nature; (2) Body burns; (3) A fracture of any l	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must E	he body was release	shows: (1) An accident	was D.O.A. at a hospi	deceased prior to dec	written approval mus	

S-3621 11698	BALTIMORE CITY	HEALTH DEPARTMENT		24 44 00			
	REG. NO	71 11698					
BIRTH NO.	CERTIFICA	TE OF DEATH					
(Type or Print)			ND HOUR OF DEATH				
Harry M Street		Dec.	15, 1971	stilution: residence belore admission)			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	CED DEAD	A. STATE B. COU	ere déceosed lived. Il in NTY	stitution: residence before admission)			
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTIO	ON. GIVE STREET	Maryland		2702			
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?			
LILL		Baltimore		YES NO			
The state of the s		E. STREET AND NUMBER					
Union Memorial Hospital		4613 Elsro	de Ave				
5. SEX 6. RACE 7. MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Ys . If Under 24 Hrs.			
Male White WIDOWED	DIVORCED	7/27/1000	last birthday)	Il Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.			
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BU		11. BIRTHPLACE (Stole or fore	89	12. CITIZEN OF WHAT COUNTRY?			
done during mast of working lile, even if retired)		110	angin cooniny,	12. CHIZEN OF WHA! COUNTRY?			
Retired Supervisor Elite	Laundry	Virginia 14. MOTHER'S MAIDEN NA		II.S.A			
13. FATHER'S NAME	-	14. MOTHER'S MAIDEN NA	ME				
Thomas Streett		Retty Al	ice Dilla				
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknawn) (If yes, give war ar doles al service)	SOCIAL	17. INFORMANT	Tre Diffai	ADDRESS			
No	SECURITY NO.	7 .	7.0	Canuras			
~		2 Mrs Louisa	M Streett	Same			
18. 44/1.21	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	Rupture Of CONSEQUENCE OF: Aor	Abdominal	1'(hours			
heart lailure, asthenia, etc. it means the disease,	DUE TO, OR AS A	CONSEQUENCE OF: AOT	tic Aneury	7Sm			
injury or complication which caused death.)			J	Proof to 6 ds			
ANTECEDENT CAUSES	/n\	A CONSEQUENCE OF:					
DISEASES OR CONDITIONS, if any, giving	***************************************						
rise to the above cause (A) stating the UNDERLYING CONDITION last.							
CHERTING CONDITION IUSI,	(c)						
Z OTHER SIGNISIS AND SOME CONTRIBUTIONS							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAIT 1 (A). 1994 DATE OF OPERATION 1998. CONDITION FOR WHICE WAS PERFORMED WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 1218-1914.	CH OBSERATION!	120 A A 1120 D C V 2 N1	V con in v-	***************************************			
Dec. 15, 1971 WAS PERFORMED EXCISION OF		20 A. AUTOPSY? (Yes at No	IN CERTIFYING CAL	JSES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	Aneurysm	or about 21C. WHERE DID					
OR CONTRIBUTION OF THE	irm, factory, street, off	ce bidg. INJURY OCCUR?	(It In Boltimare	City, give exact location)			
DEATH (notify medical examine) etc.)							
DEATH (notify medical examine) 21D.TIME (Month) (Doy) (Year) (Haus) 21E, INJ OF INJURY	URY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
(APPROXI	Not While						
22. I certify that (1) (this haspital) attended the d		ec 15	P14 1				
		ec 15	19	15, 1971 19			
that (I) (we) lost sow the deceased office on		19and th	at in (my) (our) opin	ion death occurred on the date			
and hour and fram the couses stated above. (1) (W	and hour and fram the couses stoted obove. (1) (We) (did) (did not) view the body after death.						
23A. SIGNATURE	e KID			23B. DATE SIGNED			
1 - 1en-china wow	Aften Phys.	ding Med.	Staff Phys.	Dec 1/ 1971			
23C. PHYSICIAN'S NAME (Typel	DEGMEET	BD. ADDRESS	rnys. —	Dec 16 1911			
Teh-Ching Wang M.D.	DEGREE	3122 Guilfor	rd Ave Ba	timore Md (Stote)			
Descript 3	al CEMETERY of CREA	AAIURT 24D. L	OCATION (City	(Stote)			
	kwood	Ba	altimore. I	Maruland			
25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF RE		25C. FUNERAL DIRECTOR	V-LIIIVI U g	ADDRESS			
050 00 1071 00 00 3. 00 x		Leonard J J	Ruck Inc.	Baltimore, Md			

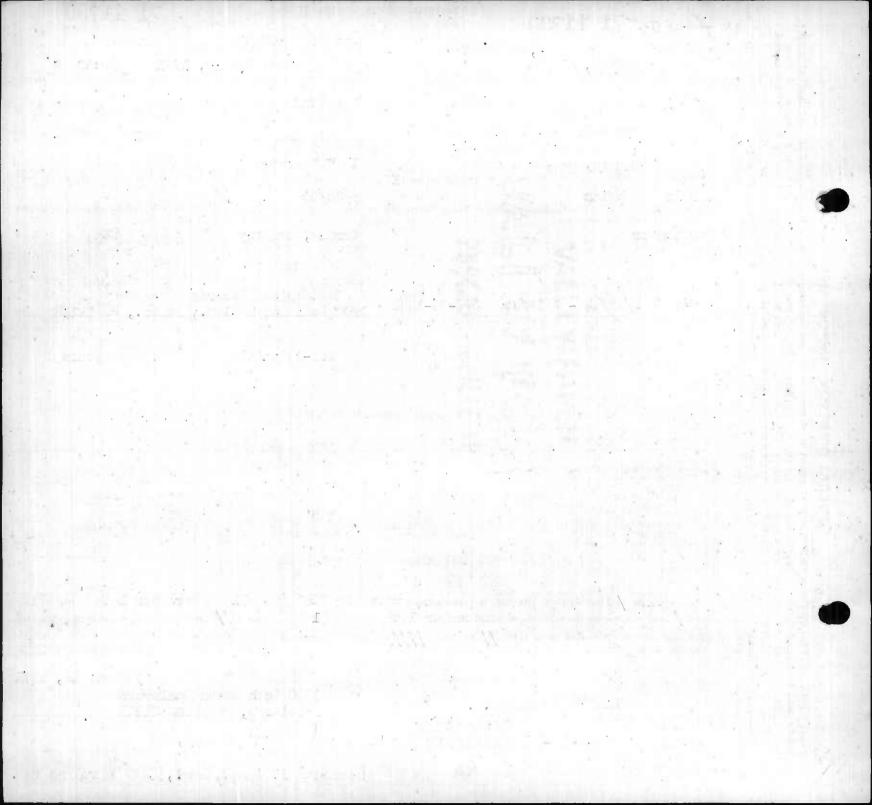


Q 44	BALTIMORE CITY	HEALTH DEPARTMENT		
5-400 71 11699	CERTIFICA	TE OF DEATH	REG. NO	71 11699
1. NAME OF DECEASED (Type or Print) BELL, MANCE	V A Sr	2. DATE AND	HOUR OF DEATH	1 9.45 1.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOI		4. USUAL RESIDENCE (Where		nstitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	THON. GIVE STREET	A. STATE B. COUNTY MARY (AND C. CITY OR TOWN BALTIMORE	BALTI D. INS	IDE CITY LIMITS?
THE UNION MEMORIAL.	HOSPITAL	E. STREET AND NUMBER	YORK A	YES NO D
5. SEX 6. RACE 7. MARKINEN	NEVER MARRIED		AGE (In years	
WIDOWED	DIVORCED	Jan. 18, 1898	1 birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF dope during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign	country)	12. CITIZEN OF WHAT COUNTRY
RETIRED Carper	nter	Virginia		AMERICAN
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
UNKNOWN Bell		UNKNON	iN,	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no ar unknown) (If yes, give war or dates af service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	216-03-216	Mr Manley A	Bell Jr	91C Stemmers
18.4/2,41	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1.		
LEADING TO DEATH	(A) IMMEDIATE CAU	SE PAKUMONIA -	JEHIDA	LATTON.
(This does not mean the mode of dying, e.g., heart failure, asthenia, e.g., It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
injury at complication which caused death.)	4	11.000		
ANTECEDENT CAUSES	IRI ASCUD	E Afrial Fif A CONSEQUENCE OF:	ulation	+ QUA.
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	- Chronic	a consequence of: c henp di fease	1/1-5	- >
ONDERENING CONDITION 1055	(C)) or page	- 07/ -	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes at No)	OR IE VEC WERE	FINDINGS CONSIDERS
WAS PERFORMED	THE STERNING	Total Organities de Hou	N CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., in b, form, foctory, street, offi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimor	e City, give exect location)
M IOC IN III IN	INJURY OCCURRED	21F. HOW DID INJUR	OCCUR?	
(APPROXI While Work	Not While	П		
22. I certify that (1) (this hospital) attended th		2 - 13 10	71 (7	
that (1) (we) last sow the deceased alive an		17	71 ta 12	19
		1919and that	in (my) (out) apli	nian death occurred an the date
and have and from the causes stated above. (1)	(We) (dld) (dld nat) vi	ew the bady after death.		
23A. SIGNATURE		31		23B, DATE SIGNED
hadrading	DEGREE Phys.	ding Med. Sto	s. X	
23C.PHYSICIAN'S NAME (Type)		D. ADDRESS		
Julio A. DEJO	. M.D.	THE UNION M	EMORIAL	HAPPITAL
4A. BURIAL CREMATION, 24B. DATE 124C. NA	DEGREE	1	Circologists	
EBANG-V.A.L. (Apacity)	ME of CEMETERY OF CREA	MATORY 24D. LOC	ATION (Cit	V
Crema crish 12/16/71 G				ly, town, or county) (State)
MKKAK	reenmount	Bal	cimore, I	y, town, or county) (State) Maryland
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF	reenmount	Bal	cimor e , I	y, town, or county) (State) Maryland ADDRESS
MKKAK	reenmount	Bal	cimor e , I	y, town, or county) (State) Maryland

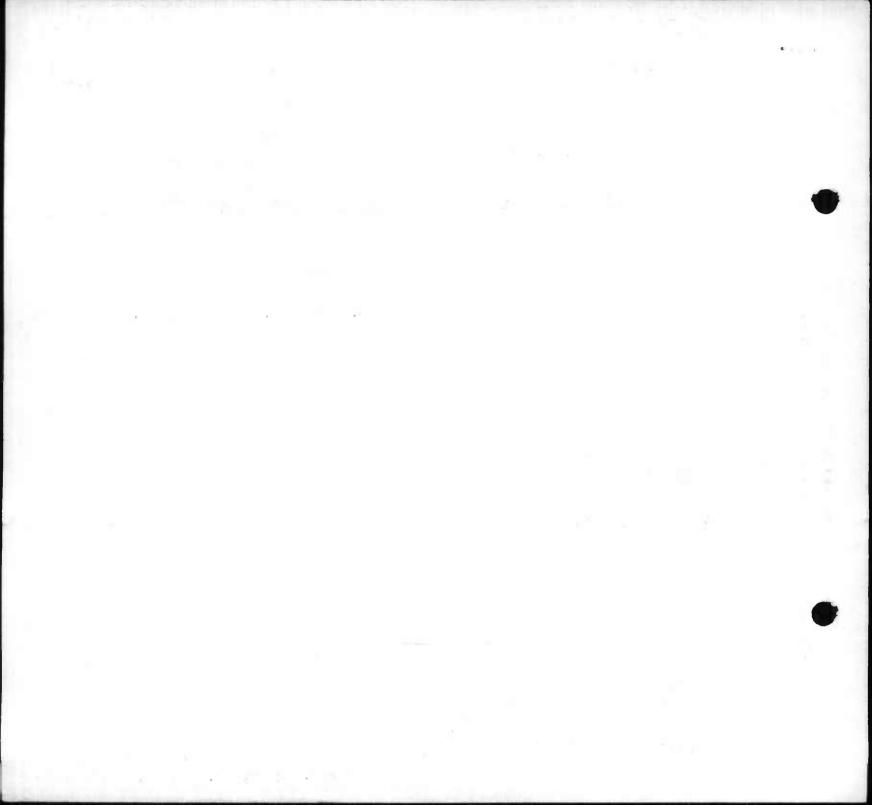


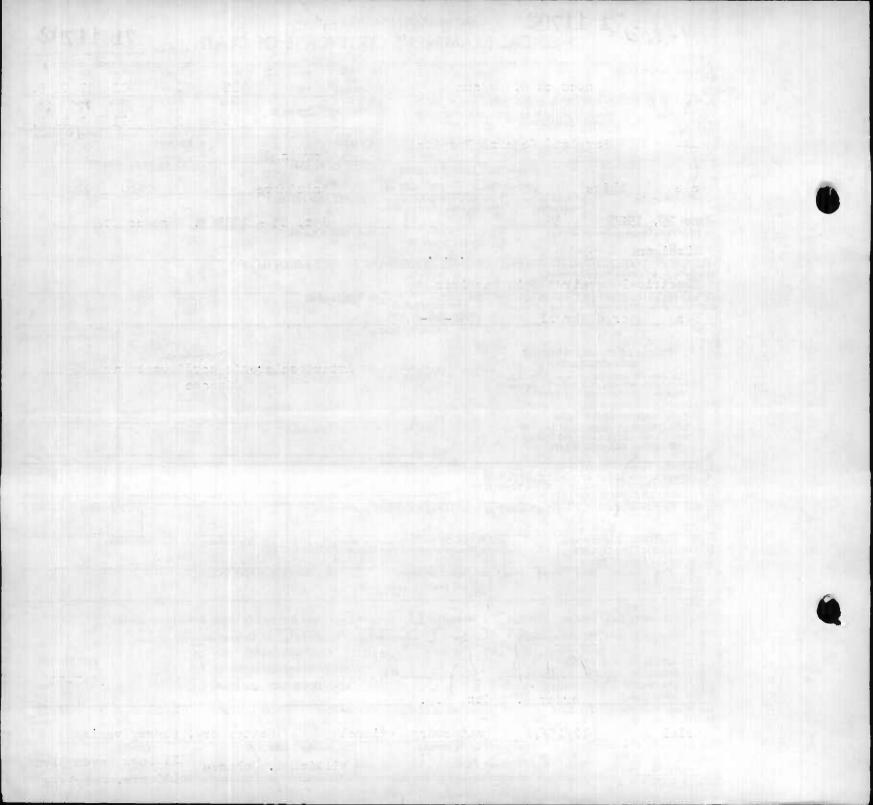
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deatl shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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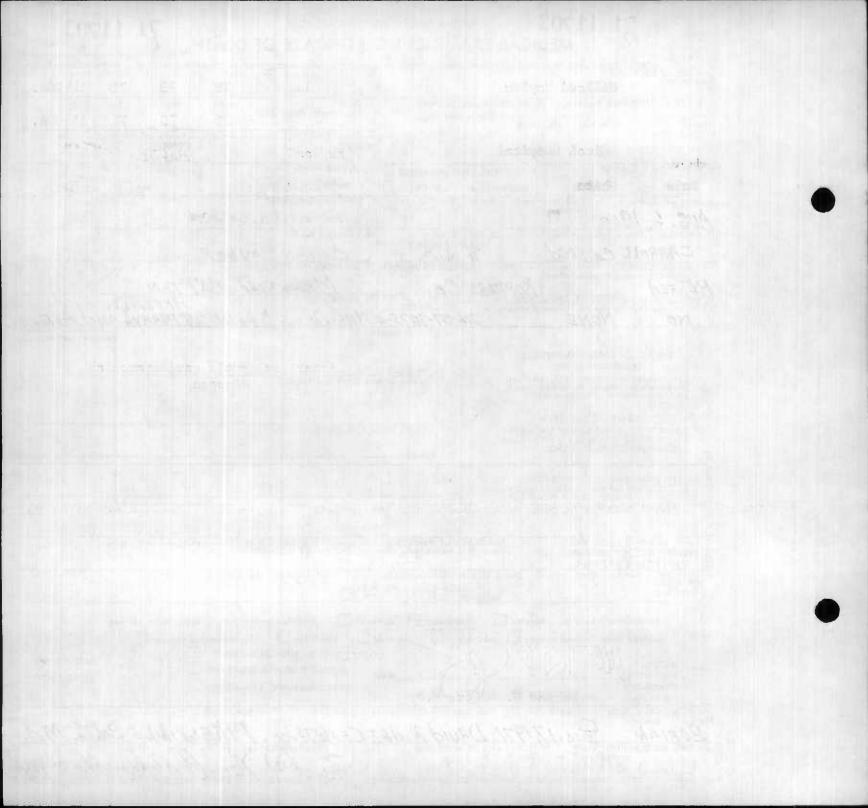
BALTIM	MORE CITY HEALTH DEPARTMENT 71 11700
7-655-71 11700 CERT	TIFICATE OF DEATH TEG. NO.
T.NAME OF DECEASED FUHRMANN, ALBERT (Type or Print) Albert	December 14, 1971 10:30 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST HOSPITAL OR ADDRESS OR LOCATION)	1
Veterans Administration Hospita	al veel ve
3900 Loch Raven Boulevard	E. STREET AND NUMBER
Baltimore, Maryland 21218	12 "C" Street
5. SEX 6. RACE 7. MARRIED NEVER MAR WIDOWED DIVOR	de la
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR I	
done during most of working life, even if refired) Bar tender	Borhum, Germany USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNK Fuhrmann	UNK
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of service) Yes 4/14/14 = 2/19/46 097-03-	al.l.l.
	OF DEATH 3900 Loch Raven Blvd., Balto, Md 21218
heart foilure, asthemia, etc. If means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (8)	
	JURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) y, street, office bidg., INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCU	URRED 21F. HOW DID INJURY OCCUR?
21 O. TIME (Month) (Day) (Year) (Haur) 21 E. INJURY OCCU While At Wark	Not While At Work
22. I certify that (1) (this haspital) attended the deceased f	from December 7th 1971 to December 14th 1971,
that (A (wa) last caw the decreased alline as Decembers	. Lith 19 72 and that in (h) (aur) apinian death accurred an the date
and haur and fram the causes stated abave. (1) (We) (did) (d	///
23A. SIGNATURE Jules les	Attending Med. Staff Phys. Director Phys. Director 1077
23C. PHYSICIAN'S NAME (Type)	December 11, 1971 23D. ADDRESS 3900 Loch Raven Boulevard
LAWRENCE MILLS M.D.	DEGREE Baltimore, Maryland 21218 [ERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 12-17-71 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	The state of the s
25A. DATE RECD BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 20 1971 Robert S. Farber, M.D.	Leonard J. Ruck, Inc 1,5305 Harford Rd
VS 150-REV. 1/1/68	Leonard J. Ruck, Inc 1,5305 Harford Rd



	K-530 71 11701		HEALTH DEPARTMENT	REG. NO	1 11701
	1. NAME OF DECEASED (Type of Print) KENNEDY 2 RITA	A		D HOUR OF DEATH	. 1
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD		deceased lived. If insti	tution: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	I. GIVE STREET	MARYLAND C. CITY OR TOWN		2610
	NORTH CHARLES GENERAL	HOSPITAL	BALTIMORE E. STREET AND NUMBER 139 S. CLII		YES NO
	5. SEX 6. RACE 7. MARRIED N	EVER MARRIED			If Under 1 Yr. If Under 24 Hrs
	F WIDOWED X	DIVORCED	6-12-1900	ast birthdayl	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife		MARYLAND		U.SA.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	THOMAS HARRISM		Catherine AH	ENN	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service)	OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
			Mr. Thomas H.	Kennedy 139	S. Clinton St
	18. / 7 3 , 4 1	CAUSE OF DEATH		1	APPROXIMATE INTERVAL
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		0		
	(This does not mean the mode of dying, e.g., head failure, osthenia, etc. it means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAU	SE PULMONARY OF	EMBOLK	ACUTE
	ANTECEDENT CAUSES	CERER	POI DE TOTTE		100000000000000000000000000000000000000
	DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		UNKNOWN
H	rise to the obove cause (A) stating the UNDERLYING CONDITION last.	10 CARCIA	JOMA OF SCI	ACP	
	II	(0)			
11	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	************************************	******************	700 TO	
	19A DATE OF OPERATION 19B CONDITION FOR WHICH WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 1 21B PLACE	OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, form	E OF INJURY (e.g., in n, factory, street, affi	or obout 21 C. WHERE DID	(If In Baltimare C	lity, give exact location)
	21D. TIME (Manth) (Doyl (Year) (Haun) 21E INJU While At Wark	RY OCCURRED Not While At Work	21F. HOW DID INJU	RY OCCURT	
	22. I certify that (i) (this hospitoi) attended the dec		12/19 19	7/ to 12	1071
	that (i) (we) lost saw the deceased alive on	12/11	7/		on deoth occurred an the date
II	ond hour and from the couses stated above. (We)) (did) (did-not) vi	ew the body ofter deoth.		
li	23A/BIGNATURE	1 0		23	B. DATE SIGNED
	Lugur 6. Unterreen	DEGREE Phys.	Director L P	hoff hys.	12/11/7/
	RUFIND G. MONTENE	5180 N.D.	2724 hoth	Charles 87	Balto Ud.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CREA	MATORY 24D. LO	CATION (City.	town, or county) (Slote)
	Burial 12/14/17 Par	kwood (eme	eteru B	altimore. M	anuland
	DEC 20 1971 Paber & Jaber M.D		John A. Mona		E. Baltimore It
1	'S 150-REV. 1/1/68				





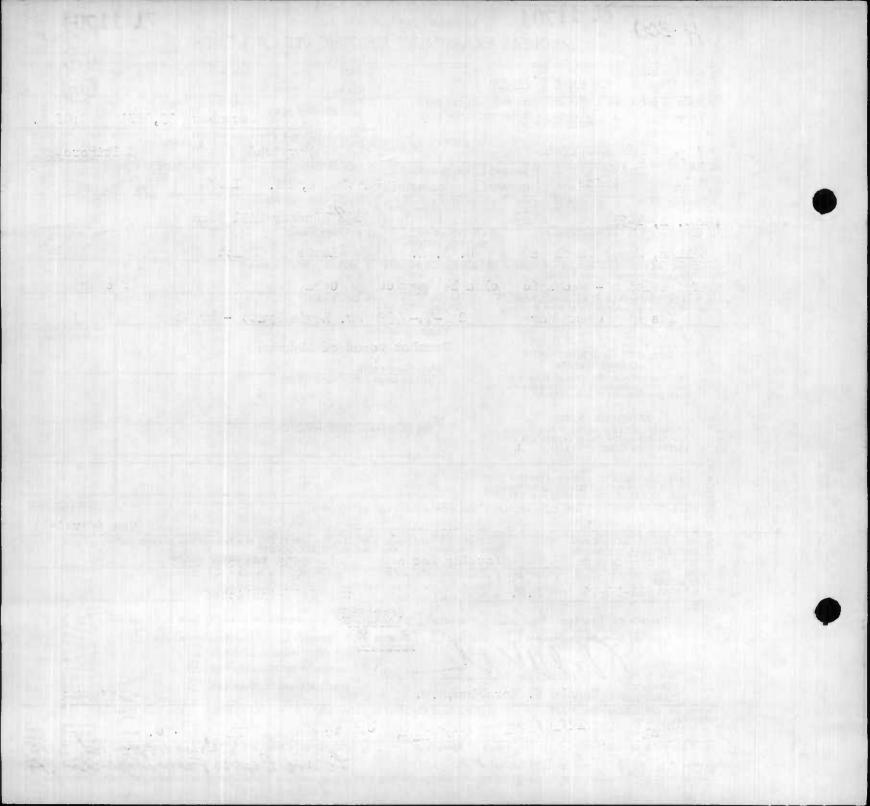


H-300 71 11704

BALTIMORE CITY HEALTH DEPARTMENT

71 11704

BIR	TH NO.									KEG. NC	·		
	NAME OF DEC		ARLES	НҮА	TT		2. DATE OF DEATH	Known []	Month	Day	Year	Hour	M.
4. F	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Month	Doy	Year	Hour	341.
HOS	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						DUNCED DEAD	Decembe		1971		A . M.	
1	1	NIA HO	SPITAL				A. STATE	RESIDENCE (W Maryla		B. COUNTY		imore	ssion)
6. 5	EX	7. RACE		B. MAR	RIED	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE	CITY LIMITS?		
	la1e	Whi		WIDO	WED 🗆	DIVORCED 🖾		ore, Md.	21207		YES 🗌	но 🗆	
	pt. 1,		10. AGE (la lost birthdo	y) 40		er I Yr. If Under 24 Hrs. Days Hours Min.		AND NUMBER Windsor	Mill Roa	ıd	5	30	O
11.	illon,	tote or forel		10		IZEN OF HAT COUNTRY?	13. FATHE	r's NAME Levie	Hyatt				
14A.	USUAL OCCU	PATION (GI	ve kind of work	148. KIN	D OF BL	ISINESS OR INDUSTR			IAME				
done	during most of w	orking life, e	ven if reilred)								(The call)	
ne	frigera	D EVER IN	Mechan			able Service	18. INFOR	ora			(Tuck	(er.)	
(Yes	WAS DECEASI	(if yes, give	wor or doles	of service	3)	7. SOCIAL SECURITY NO.					NDOK LOO		
-	Yes	Koi	rean Wa	ır		248-44-0739		Levie Hy	att - bi	rotner		PPROXIMATE I	MITERVAL
	19. E95	5%				CAUSE OF DEA						WEEN ONSET	
		E OR CONT	DITION DIRE	CTLY		Gunshot v		of Abdome	n				
	(This does n	of mean the	mode of dy c. It means the Ich coused de	ing, e.g.,		(A)IMMEDIATE (AS A CONSE	QUENCE OF:					
	infork or cou	paconon wn	icu consed de	oin.)									
		NTECEDENT				(B)							
	DISEASES O	ABOVE CA	IONS, IF ANY	GIVING		DUE TO, OR	AS A CONS	EQUENCE OF:					
z	UNDERLYIN	G CONDI	ION LAST.		100	(c)							
2			11										
CERTIFICATION	TO THE DEA	ATH BUT NO	NDITIONS CO T RELATED TO I GIVEN IN P	THETERA	AINAL								
RT						HICH OPERATION W	AS PERFOR	MED			21. AUTO	OPSY? (Yes	or No)
ü	1										yes	(Parti	a1)
Y	22A. EXTERI	NAL CAUSE	WAS		22B. PL	ACE OF INJURY(e.g.,	In or oboui	22C. WHERE DI	D (If In Baltimo	e City, give e		(20102	
MEDICA	UNDERLYING	MOR CON	ITRIB-		home, f	arm, factory, street, offic	e bldg., etc.)	INJURY OCCUI	?		pole	70	2)
AE A	UTING CA			· ///		cing Lot		8523 . 22F. HOW DID	Liberty	Road	140		
	OF INJURY		Doy) (Year		'		wulle	22F. HOW DID	INJURY OCC	JKI			
		1-21-7	1	A.M.	m. WC	RK AT V	WHILE X	Self-i	nflicted				
	23. I cert	ify that I i	neid on 1	nquiry		Inspection (Pa	rtial)	and that or	this basis,	death in m	y opinion		
	result	ed from:	Natural cau	ses 🗌	Acc	ident Suicio	e X	lomicide 🗌	Undetermi	ned manner			
			1 1	111	,	1		CHIEF MEDICA	L EXAMINER				
	ACTUAL	11/	est 1	11/	1	1	ASS	SISTANT MEDICA		$\overline{\mathbb{Z}}$		DATE SIG	NED
	SIGN ATU	cold	37.0	1100		M.D		OCIATE MEDICA					
	NAME (T	ype) R		N. Ko		Lum, M. D.			C EXMINITER		12/	15/71	
	NOVAL (Special Burial		12/19	/1971		NAME of CEMETERY	or CREMAT		Dillon.	S. C.	wn, or county	(Sta	ate)
25	. DATE REC'D	BY HEALTH				Greenlawn F REGISTRAR		FUNERAL DIRE				0-1-	1125
מ	FC 2n 1		Bert E.					oung L	. 9	Euner		ctors	PA.
VS	151-REV 1/1/68			1	7		7 1	13 /					



IMPORTANI DIRECTOR: FUNERAL

VS 150-REV. 1/1/61

CERTIFICATE OF DEATH ng cause of death cause; (5) Deceased Such deat I. NAME OF DECEASED ATE AND HOUR OF DEATH (Type or Print) ПО hospital 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF D HOSPITAL OR attend prior F. STREET AND NUMBER contributing etermined regular disposition is made 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED deceased lost birthdov DIVORCED 9-10-1884 87 USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) done during most of working life, even if retired) Unde HOUSEWIFE AT HOME PHILADELPHIA, PA. SD the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (4) CHARLES JACOBS 0 death 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL or final SECURITY NO. attendance any CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY Carcinoma of the Lung balmed LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart lailure, asthenia, etc. II means the diseose, gular injury or camplication which caused death,) em ANTECEDENT CAUSES obtained before the remains are DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the physician UNDERLYING CONDITION last. No physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Biopsy Oct.71 Diagnoses No 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? where hospital MEDICAL DEATH (notify medical examiner) nature; 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (9) OF INJURY Not While be approved (except While At (A PPROX.) and Work At Work to the any 22. I certify that (I) (CONSCINENCIA) Kattended the deceased from September death); hospital and haur and fram the couses stoted above. (1) (We) (did) (did) (did) view the body after deoth. must 23A. SIGNATUR certificate must Attending X Med. 0 Director written approval 8 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior to Was 24A. BURIAL CREMATION, CEMETERY OF CREMATORY deceased D.0 the body REMOVAL (Specily) BNAI ABRAHAM HAGERSTOWN MARYLAND KEMOUAL Was 258. NAME OF REGISTRAR 25A. DATE RECOD BY HEALTH DEPT. 25C. FUNERAL DIRECTOR

BALTIMORE CITY HEALTH DEPARTMENT 71 11705 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES X NO If Under 24 Hrs. Months! Doys 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS MR. LEON LYON, 6800 LIBERTY RD., APT. 314 #7 BETWEEN ONSET AND DEATH months 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Bottimore City, give exact location) 1971 to December that (1) (XXX lost sow the deceased alive on Dec. 13. 19.71 and that in(my) (659) opinion death occurred on the date 23B. DATE SIGNED 15 Dec. 1971

The National Con-

THE PART OF THE PARTY HER, APP. SERVICE

ATTRICTION OF THE TAX

SHADA 2 THE P

VS 151-REV. 1/1/68

\$103 001 7 0 1

MARKET DESTRICT

2575

ele-10-9055 ans. symple comes, 524 at. countries St., A.M.

PATERON, PARETAIN

T-MAIL MATTER

HELE BOARD ALLEY SOUTH PROBLEMS AND

IMPORTANT FUNERAL DIRECTOR:

Such ssistant if death occurred in a hospital and the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased attendance on the a hospital death. was D.O.A. at a hospital (except where the physician who pronounced death was in regular attedeceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any Also, examiner. the body was released to the hospital by a medical

	(1) 110 -110	BALTIMORE CITY	HEALTH DEPARTMENT		
	W-412 71 11707	CERTIFICA	TE OF DEATH	REG. NO.	71 11707
	1. NAME OF DECEASED (Type or Print)			D HOUR OF DEATH	77.050
	Julius Jack Wolfs 3. PLACE IN BALTIMORE, MARYLAND, WHERE PR			ember 15, 19	971 12:05P. M.
	FULL NAME OF (IF NOT IN HOSPITAL OR II		A. STATE B. COUNT	TY	7 2
1	HOSPITAL OR ADDRESS OR LOCATION)	MSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	91 Tanda Lata HEDDEN I	IOME.	BALTIMORE E. STREET AND NUMBER		YES NO
	Levindale HEBREW H	IOME	3901 PINKNE	EY ROAD #21	215
3	5. SEX 6. RACE WHITE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	Male Human Wido	WED DIVORCED	8− 3xb∈ 1902	ost birthdoy) 69	Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if refired)			gn country)	12. CITIZEN OF WHAT COUNTRY?
	SALESMAN W	HOLESALE	GERMANY 14. MOTHER'S MAIDEN NAM	4.5	USA
	UNKNOWN		UNKNOWN		
	15. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of serv		17. INFORMANT		ADDRESS
	NO	Jacob Military	MR. ROBERT R. WO	OLESON 404	UPLAND RD. #21208
	18. / 53 . 8 1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(3//	MOTOS SI	LON CARGINO	
	(This does not meon the mode of dying, heart foilure, asthenio, etc. it means the disc	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	CEN -MKGNO	HA N JEHNS
	injury or complication which caused death.)				
	DISEASES OR CONDITIONS, if ony, gi	(B) DUE TO OR AS	A CONSEQUENCE OF:		
	rise to the obove couse (A) stoting UNDERLYING CONDITION last.	1114	A GONDEWOENCE OF.		
	- 11	(C)		***************************************	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF	NG NAL			
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes oXXXX	20B, IF YES, WERE FI	NDINGS CONSIDERED
	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
111	21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inolify medical examiner	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or obout 21 C. WHERE DID	(If In Bollimore	City, give exact location)
	21D-TIME (Month) (Doy) (Yeor) (Hour)	21 & INJURY OCCURRED	21F. HOW DID INJU	DY OCCUPY	
	21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	While At Not While Work Al Work		KI OCCUR:	
	22. I certify that (M (this hospital) attend		ptember 27, 19	71 to Dec	ember 15 1971
	that (1) (we) lost sow the deceased olive	on December 15	19 <u>71</u> ond the	t in (mx) (our) opini	
	and hour and from the couses stated obov	e (抗 (Me) (qiq) (如(2094) vi	ew the body ofter deoth.		
	The last of	will my Alten	ding Med. 57 S		23R, DATE SIGNED
	23 C. PHYSICIAN'S NAME (Type)	Phys.	Director X P	hys.	12/15/1971
	Theodore R. Rez	ff, M.D. DEGREE	Levindale		
	AA. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CREA	MATORT 24D. LO		, town, or county) (State)
	BURIAL 12-16-71 (CHEVRA AHAVAS CHE	SED RANDA	ALLSTOWN, MA	RYLAND

25A. DATE REC'D BT HEALTH DEPT. 25R NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS LEVINSON & BROS.,6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

Mar Service Transaction and the

			ı	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

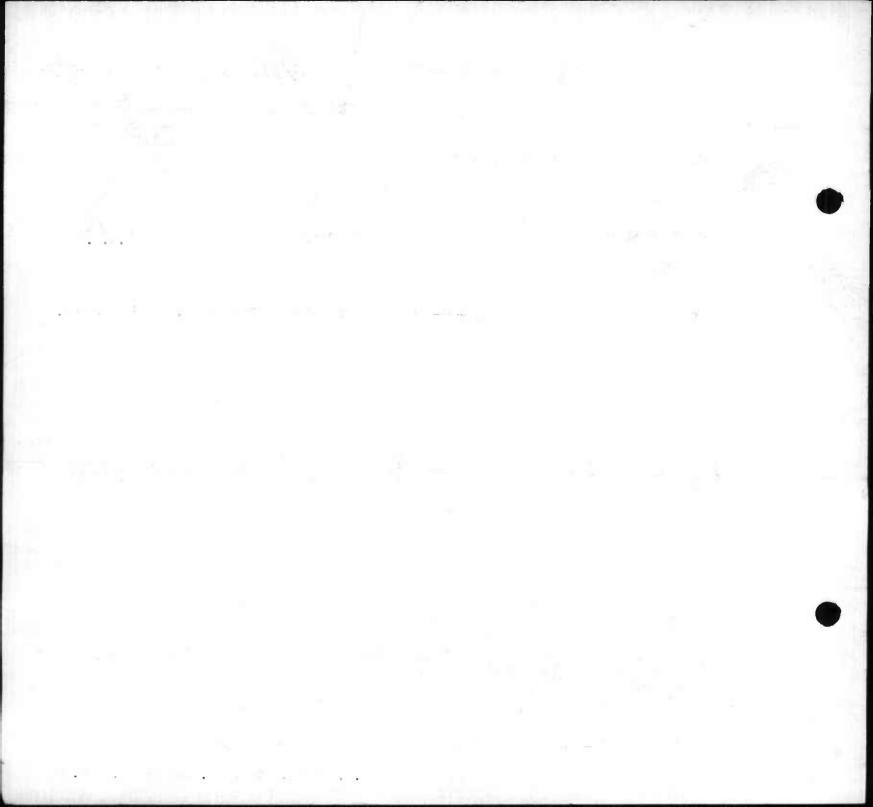
1	1/1 ~~	0 71:	1175	BALTIMORE CITY	HEALTH DEPAR	TMENT		1774	4450	8
RIPI	H NO.	0	/	CERTIFICA	TE OF DE	ATH	REG. NO.			9
	AME OF DECE	ASED				2. DATE AL	ND HOUR OF DEA	TH		
(Тур	e or Print) M	ANN, Edward				12/8	3/71		2:20 P	м.
3. 1	LACE IN BALTI	MORE, MARYLAND, W	HERE PRO	NOUNCED DEAD	A. STATE	B, COUN	ere deceased lived.	If institution; res	idence before	odmission)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA	AL OR INS	STITUTION, GIVE STREET	Maryl		D. I	NSIDE CITY LIA	S O	6
		erans Admini	strat:	ion Hospital	Ralt.	imore		YES T	NO 🗌	
		O Loch Raven		_	E. STREET AND	NUMBER				
	Bal	timore, Mary	land	21218	3449	Hicko	ry Avenue			
S. S		6. RACE		ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under Months:	1 Yr. If Und	der 24 Hrs. Min.
1	Male	White	WIDOW	ED DIVORCED	12/19/9	2	78			
		PATION (Give kind of work orking tife, even it retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	Stote or fore	eign country)	12. CITIZI	N OF WHAT	COUNTRY?
	penter	orking the, even a remed,	re	tired	Baltimor	e, Man	ryland		USA	
	FATHER'S NAM	E			14. MOTHER'S M					
	Fdwa	rd Eugene Ma			5,82			. 1		
15.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	nifred	a Bane	ahan	ADDRESS	
(Yes	, no or unknown)	(If yes, give wor or dote	s of servic		17. INFORMANT VA HOSP			~ ~ .		0
	Yes	3/27/17 - 5	/28/1			ch Rav	ren Blvd.,	Balto.	Md 2121	
	18. 436	9		CAUSE OF DEATI	п			В	TWEEN ONSET	
		OR CONDITION DI	RECTLY	(A) IMMEDIATE CAU	Regni ra	tomz s	armost.		1 hour	
	(This does no	t meon the mode of		9., DUE TO OR AS	A CONSEQUENCE	OF:	TT. 000		T 1100T	********
		sthenio, etc. It means dication which coused		se,						
							4-5 day	re		
		R CONDITIONS, ii	onu giv	(B)	A CONSEQUENCE				4-) day	
		above couse (A)		the			ant.	2	lols	
	UNDERLYING	CONDITION lost.		(c) Cerebro	-vascular	accre	rent		1 week	
7		- 11							,	
ě.		CANTICONDITIONS CO			ith CHF					
CATI		NDITION GIVEN IN PAR	T 1 (A).	OR WHICH OPERATION	20A. AUTOPSY	2 (Yes or N	o) 20B. IF YES, WE	PE FINDINGS	CONSIDERED	
ERTIFIC	7	WAS PER	ORMED	or will or examined	Yes		IN CERTIFYING	CAUSES OF D	Yes	
CE	21 A. ACCIDEN	T WAS UNDERLYING]	21B. PLACE OF INJURY (e.g.,	n or obout 21 C. WH	ERE DID	(li in Bolti	imore City, give		
AL		TING CAUSE OF medical examiner		home, form, foctory, street, of	nice blag., INJUKT	OCCUR!				
DIC		(Month) (Doy) (Year)	(Hour)	21E INJURY OCCURRED	21F. HO	W DID IN.	JURY OCCUR?			
ME	OF INJURY			While At Not While	• [
		· where it is	\	Work At Work	November 3	Oth	10 77 D	a a a wha a m	0.1.	273
							19 71 to D			9_71.
				n December 8th				opinian deotl	occurred a	n the date
			ed abave	. (1) (We) (did) (d/d/n/o/)/	iew the bady of	ter death.				
	23A SIGNATUR	1 /	1 11	1.	. e		C. II BBs	23B, DATE		
	Cuch	erd W. M.	10Ell	DE GREE Phys	nding Me s. Dir	ector	Staff Phys.	12	/9/71	
	23C. PHYSICIAN NAME (Ty	₹S pe)		110	23D. ADDRESS	3000 1	Loch Raven	Bland		
		Richard W. Me	lling	er MP_ OEGREE					7.8	
24A		AATION, 24B. DATE		C. NAME of CEMETERY OF CRI	EMATORY	24D. I	nore Mary	(City, town, or		(Stote)
25A	Burial	12/10/		Dulaney Valley	Gardens 25C. FUNERAL	L DIRECTO	Balto.	Balt	ADDRESS	Md
D	ECZO 1	9/1 Usban E	Jak	en M.D.	Will	iam E.	Johnson		Balto	Ma
VS	150-REV. 1/1/6	В	1	7 1 0 11	0.7	0 6	3 011110011		THE LO	PIU

2000 Market State Temento de la companya del companya del companya de la companya de 2,500 feet, at the part 400 200 of the state of th

in wetters of the general of parties in

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
s; (3) A fign who is in regime of	
ief medicady burnicady burnicady burnicady ilejan wa	
yy the chital by re; (2) Bo where the No phys	
the hosp iny natu except v and (6)	
sst be ap assed to dent of a ospital (death);	
was rele An accid L at a h prior to	
This certificate must be the body was released shows: (1) An accident a was D.O.A. at a hospite deceased prior to death written approval must I	

BALTIMORE CIT	TY HEALTH DEPARTMENT / 71 11709
	ATE OF DEATH REG. NO.
I. NAME OF DECEASED	
(Type et Print) THOMAS, Mary ELIZABETH	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decessed lived, if institution; residence before admission) A. STATE 8. COUNTY
	A. STATE & COUNTY
HOSPITAL OR ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	New York
33	Brooklyn D. INSIDE CITY LIMITS? YES NO
The Johns Hopkins Hospital	E. STREET AND NUMBER
	65 Willoughby Avenue
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	[Months! Days i Hours i Adia
Female Negro WIDOWED DIVORCED	11 1/20/36 35
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI dene during most of working life, even if refired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
School Teacher	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ralph Thomas	Marie Barnes
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) 11 yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 215-34-3698	Mrs Veronica Bailey 304 W. South St, Fred.
18. 7 2 4 / 1 CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE Kespiratory Follore 2 days
II I IIIUII IUIIUIU, USINENIO, EIC. II MANNE MA ALEANEA	A CONSEQUENCE OF:
injury or complication which caused death.) ANTECEDENT CAUSES	Shock lung 2days
/0\	
DISEASES OR CONDITIONS, if ony, giving nise to the above cause (A) stating the UNDERLYING CONDITION last.	Stemme Lupus Brythenotess 3 yrs
	0 0 1 901 1 1 1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	n Perforation Harter 174 days
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Nel) 208. IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199-Date of Operation Was Performed Was Performed U 21A ACCIDENT WAS LINDERLYING 1	20A. AUTOPSY? (Yes of Ne) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTION OF INJUSTICE,	is or cheut/21C WHERE DID
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examined)	ince bidg, INJURY OCCUR?
OF INJURY (Monih) (Doy) (Yeor) (Hour) 21 E INJURY OCCURRED While AL	21F. HOW DID INJURY OCCUR?
(APPROX.) While AI Net Whi Work At Work	le 🗍
	10 Dec 19 1/ to 19 Dec 19 1/
that (1) (we) last saw the deceased alive on 14 Dec	
and have and from the couses stated above. (1) (We) (did) [did not)	
23A. SIGNATURE	/lew the body after death.
XONNING MO AND AND	anding Med. Staff 1 // No 7/
23C. PHYSICIAN'S NAME (Type)	s. Director Phys. 77 Lec 77
Larry Koep, M.D.	The Johns Hopkins Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stete)
Burial 12-18-1971 Fairview	Frederick Frederick Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 20 1971 Robert E. Facker, M. E.	C.E. Hicks, 111 263 W. Patrick St, Fred. Md
VS 150-REV- 1/1/68	



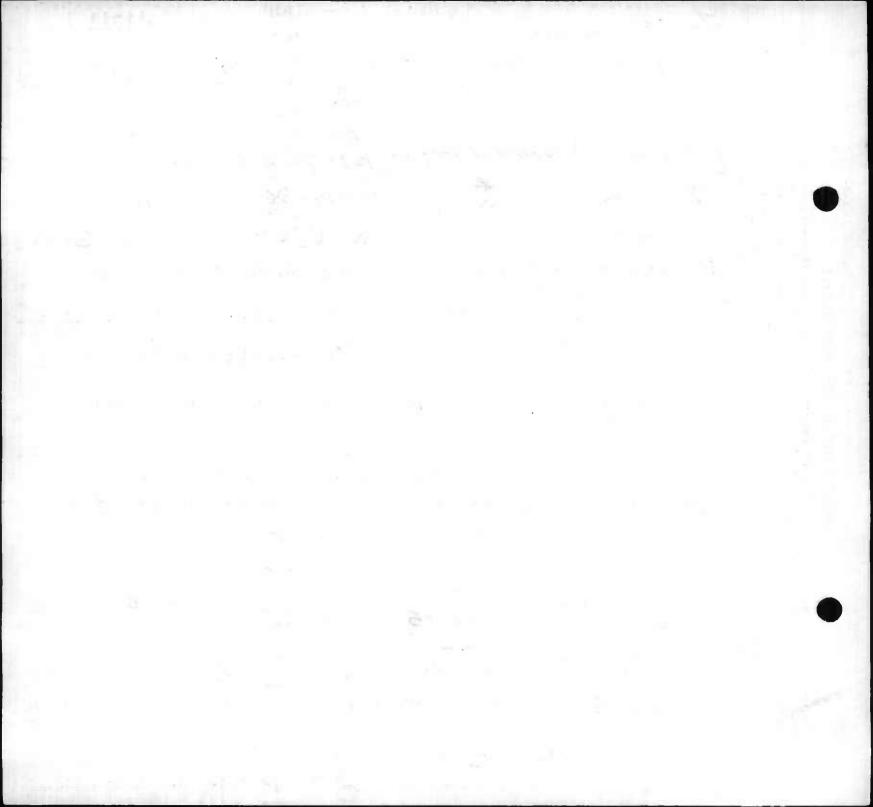
was in regular attendance on the the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

0				BALTIMORE CITY	HEALTH DEPARTMENT		14 44 mad 0 U
SIRTH NO 7	1-208457	1 117	710	CERTIFICA	TE OF DEATH	REG. NO.	71 11710 4
1. NAME OF (Type or Print)				BOY (HAROLD		EMBER 15,	1971 9:00PM
3. PLACE IN	BALTIMORE, MA					ere deceased lived. Il in:	stitution: residence before admission)
FULL NAME HOSPITAL OF	R ADDRES	IN HOSPITA S OR LOCAT	TONI	UTION, GIVE STREET	MARYLAND c. CITY ORTOWN ELLICOTT CI	HOWA D. INSI	DE CITY LIMITS? YES NO [XX
40		NS & C MORE, M		AVENUE 1229	E. STREET AND NUMBER 5030 MONTG		21 043
5. SEX	6. RACE		· MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALI			WIDOWED		12/14/71 11. BIRTHPLACE (State of fore		1 18 9
done during mo	at of working life, eve VT	in if retired)	INFAN		MARYLAND	eigh country)	U.S.A.
13. FATHER'S	NAME				14. MOTHER'S MAIDEN NA	ME	
HAROI	D V. SC	HARF			DARLA LEE (H	ARRISON) S	CHARF
(Yes, no or unkr	nsed Ever in U.S. nown) (If yes, give	Armed Force wor or dotes	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
NO				NONE		SPITAL, WILK	KENS & CATON AVE
18. 7 DIS	SEASE OR COND		CTLY	CAUSE OF DEAT		7/1000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heart fail	es not mean the ure, asthenia, elc complication whi	. Il means t	he disease,	(A) IMMEDIATE CAL DUE TO, OR AS	SE Processon A CONSEQUENCE OF:	VINELAX,	
	ANTECEDEN			8	mtanem	N	
rise lo	OR CONDITION THE above control TING CONDITION	duse (A) s		(C) Sec	A CONSEQUENCE OF:	is M Dr	elie
	11		_	(С/			
V DISEASE	EATH BUT NOT RE	LATED TO THE	TERMINAL			***********************	***************************************
19A.DATE	OF OPERATION	WAS PERFO	TION FOR V	WHICH OPERATION	NO	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
OR CONT	IDENT WAS UND RIBUTING CAU only medical exam	ERLYING [] SE OF liner)	21 B, hom etc.J	e, form, foctory, street, of	or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
OF INJUR	Y	oyl (Yearl		INJURY OCCURRED Not While At Work		URY OCCUR?	
				ne deceased from DE		19 71 to DECE	MBER 15 19 /1
				DECEMBER 15	71		ian deoth accurred on the dote
		uses state	d above. (I) (We) (did) (did not) v	iew the body after death.		
23A. SIGN		STRO	D NICO I	Atte	nding [7] Med. [7]	Shaff	238, DATE SIGNED
	. AKIOM	- AL	, DNSO	TI.U. DEGREE Phys		Phys.	12/13/71
23C.PHYS	E (Type)	ico -	alo	nec-	St. aa	ma A	all
14A BURIAL	CREMATION, 248	DATE	24C. NA	DEGREE OF CEMETERY OF CRE	MATORY 240/L	OCATION (City	lown, or county) (State)
Bun		2-17-7	1 6	EST LAWN C	Em. F	MicitT PT.	Bok
PEC 21	C'D BY HEALTH	DEPT.	SE NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	Plant Est	ADDRESS Ellight P.T. Mad
VS 150-REV. 1	Company of			F# (1)	11.4111.0011	1950 117 K	incoll city, ind

. T.M. 07 0.17

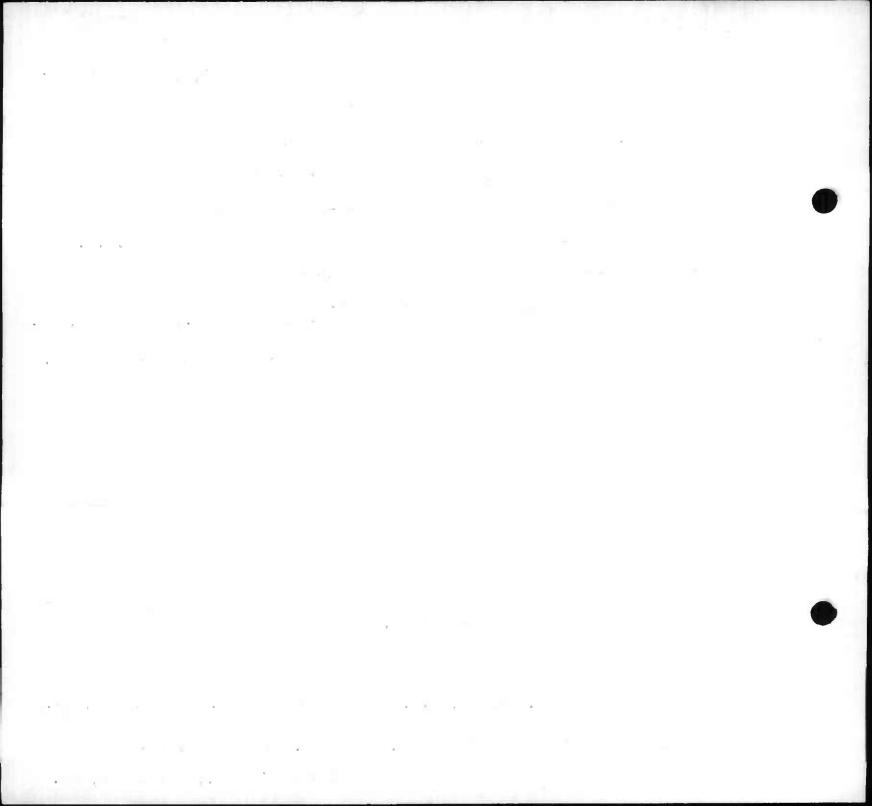
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	4	BALTIMORE CITY	HEALTH DEPARTMENT	71	11 1944
	7-632 71 11711	CERTIFICA	TE OF DEATH	REG. NO.	TT 1 7 T
	NAME OF DECEASED	BARET		HOUR OF DEATH	7/ /2/5
	S. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCE		VIRGINIA / Z -	deceased lived. If inst	M. itution: residence befare admission)
	FULL NAME OF SIF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION		MARYLAN	VD	1401
	NSTITUTION	11	BEITINOR		E CITY LIMITS? YES NO \(\bigcap \)
	INION MEMORIEL	Hospital	E. STREET AND NUMBER	AVENUE	NO D
5	SEX 6. RACE 7. MARRIED N. WIDOWED	EVER MARRIED DIVORCED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSI		11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	/ Housewife	** ==	W. U.29	i Nie	1). S. A
ī	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E 7	0 3.77
	ALEXANDER GRENYILL		Elizabeta	1 Kobi.	USON
a a		OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
	no 23	2-18-7562	James A. French	. 1017 M. Dani	val St. Arlington
	18. 4/2.4-1	CAUSE OF DEATH			APPROXIMATE INTERVAL F
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAU	SE CONGESTI	UE HEBRI	+ Feilurs
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)		CONSEQUENCE OF:		
	ANTECEDENT CAUSES	AAPE	rio Scleroti	'c C. U. 6) stake.
	DISEASES OR CONDITIONS, if any, giving		A CONSEQUENCE OF:		***************************************
	rise to the obove cause (A) slafing the UNDERLYING CONDITION last.	(c)			
	. !!	D (-	2-		
4 000 4	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		TERE PUE	UMONI	3
0.0000	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1	OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
15		E OF INJURT (e.g., in n, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
1	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJU	RT OCCURRED	21F. HOW DID INJU	RT OCCUR?	
1	(APPROX.) While At	Not While			
	22. I certify that (I) (this hospital) ottended the de		- 63 - 19	7/ 10 /2-	19 19 71
		2-15		in(my) (our) opinie	on deoth accurred on the date
	ond hour and from the causes stated above. (I) (We	(did) (did not) vi	ew the body ofter deoth.		
	23A. SIGNATURE DE TIVORSE	ALD After	iding Med. S	noff 2	J-D 15 1871
	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.		hys.	12-15-1971
	Carlos A. Battilan		UNION A	YEMORI.	2 Hospit. HD
2		CEMETERY OF CRE		(town, ar county) (State)
	Punial D 20 and	h	Alai		
2	SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF ALC	DIRAK Memori	25C FUNERAL DIRECTOR	ngdon	arford Md.
	DE (120 1311		Howard M. Wed	omas TTT.	bingdon, Md
	\$ 150-REV. 1/1/6B				



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	-	2 71 11	712		HEALTH DEPARTM	TH REG.	NO. 71	11712
1,1	RTH NO.					DATE AND HOUR OF	DEATH	
(Ty	rpe or Print)	GEORGE SCH	IMINSK	Y				8:30 A.
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	114. USUAL RESIDEN	ecember 13 CE (Where deceased live county	ed. If instituti	on: residence before odmission)
H	JEE NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Marylane c. City or town	i Baltimo:	D. INSIDE C	ITY LIMITS?
6	521	S. Linwoo	d Aven	ue	Baltimor	?⊖ MBER	YES	NO
					521 S. I	inwood Av	enue	
5.		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yes		Under 1 Ye. If Under 24 Hrs.
	Male	White	WIDOWED	DIVORCED	8-5-10		14/01	nins Days Hours Min.
doi	LUSUAL OCCU	PATION (Give kind of work orking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreign country)	12.	CITIZEN OF WHAT COUNTRY?
ш.		ion Clerk	Stee	1	Maryland	3		U.S.A.
13.	FATHER'S NAM	I.E.			14. MOTHER'S MAIL			U.D.A.
	Felix S	chiminsky			Julia Ma	azon		
15.	Was Deceased	Ever in U. S. Armed For (If yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
li e	Yes	World War	T T	SECURITY NO. 213-09-3690	Mrs. Ros	salie Schi	ninsky	
-	18. // / 7	1/ 1		CAUSE OF DEATH	521 S. I	inwood Ave	а., Вя	Itimore, Md.
	4/1	OR CONDITION DI	ECTLY	CAUSE OF DEATE	1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		EADING TO DEATH	ECILI	177711	Afterios	clerotic C	erdin-	14 uns
	heort foilure, c	t meen the made al isthenia, etc. It meens ilicotion which coused	the disease.	DUE TO, OR AS	CONSEQUENCE OF:	vascular I	isease	- iż yrs.
		NTECEDENT CAUSES	ded ill.					
		CONDITIONS, ii	any alulas	(B) OP AS	A CONSEQUENCE OF			****
	rise to the	obove couse (A) CONDITION last	stoting the	(c)	A CONSEQUENCE OF	•		
		11		(0)	****************	***************************************		
ATION	TO THE DEATH	CANT CONDITIONS COI BUT NOT RELATED TO THE NOTION GIVEN IN PART	E TERMINAL	***************		*******************************		
ERTIFICATION	19A. DATE OF	OPERATION 19B. CON	DITION FOR Y	YHICH OPERATION	20A. AUTOPSY? (Y	es or No. 208, IF YES, IN CERTIFYIE	WERE FINDING CAUSES	NGS CONSIDERED OF DEATH?
CAL CE	21A. ACCIDENT OR CONTRIBUT DEATH Inotify r	WAS UNDERLYING THE TOTAL CAUSE OF medical examines	21B. hom etc.)	PLACE OF INJURY (e.g., in e. form, foctory, street, olf	or about 21 C. WHERE	DID (If In)	Bollimore City,	, give exact facation)
100	21 D. TIME	Monthl (Day) (Year	(Hous) 21 E.	INJURY OCCURRED	21 E HOW 6	DID INJURY OCCUR?		
MEDI	OF INJURY			le At Not White		DID INJURY OCCUR:		
	22. I certify t	hat (i) (this hospital)	ottended th	e deceosed from	May	19 49 to	Decemb	per 19 71
	1 .	ast sow the decease			1971			death occurred on the date
	ond hour and	from the couses stat	ed abave. (I	(Wa) (did) (did vi				and the date
	23A. SIGNATUR	Ē	/ /	2000				DATE SIGNED
	L Cl	arena a	1. Le	Degree Phys.	ding Med.	Shaff Phys.	12	2/15/71
	23C. PHYSICIAN NAME (Typ	Clarence	W. Lel		3023 Eas	tern Ave.	Balt	timore, Md
244	BURIAL CREM	ATION, 24B, DATE	24C. N.A	ME of CEMETERY OF CRES	MATORY	24D. LOCATION	(City, low	rn, or countyl (Stote)
	Burial	12-16-	71 Mon	celand Mem.	Park Cem-	Baltimor		·
25A			25B-NAME O	P-REGISTRAR		1		imore, Md.
늦	150-REV. 1/1/68		10	-9	LOCKT "Bas	north WAG.	Darr	THOLE, Ma.



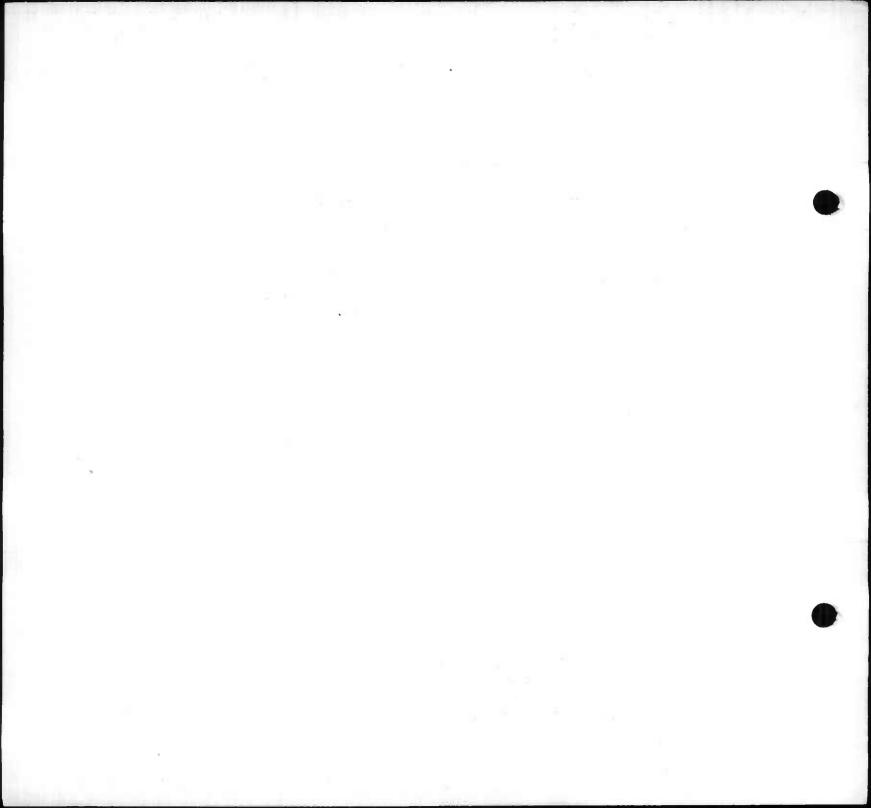
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71 11713	BALTIMORE CITY	HEALTH DEPARTMENT		MA Admits
7-630	FRTIFICA	TE OF DEATH	REG. NO	71 11713
BIRTH NO.	JEKTII TOA		AND HOUR OF DEATH	
(Type or Print) FORD, JOHN REBER	Т		MBER 17, 1	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED		4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION.	CIVE PERSON	A. STATE B. COL	BALTIMORE	21228
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	C. CITY OR TOWN		IDE CITY LIMITS?
ST AGNES HOSPITAL		BALTIMORE		YES NOXX
CATON & WILKENS AVEN	IUES	E. STREET AND NUMBER		
BALTIMORE, MARYLAND	21229	1504 IVANI	HOE AVENUE	
5. SEX 6. RACE 7. MARRIED XX NEV	ER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.
MALE CAUCASIAN WIDOWED	DIVORCED	06/29/03	lost birthday	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE done during most of working life, even if refired)	ESS OR INDUSTRY	11. BIRTHPLACE (State of fo	reign Country)	12. CITIZEN OF WHAT COUNTRY
SALESMAN		PENNS YL\	ANIA	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
WILLIAM H FORD		MARY REBE	RT	
15. Was Deceased Ever in U. S. Armed Forces? 16.500	CIAL CURITY NO.	17. INFORMANT	NC AVEC DA	LTO MO 21229
	3-09-3099			ECORDS CATON &
1.22	AUSE OF DEATH	/		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Bleed	ny fron Du	odenuel c	1 CEE BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE		
heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
injury or complication which caused death.)	Ca of	the Pangi	reus	
ANTECEDENT CAUSES	(8)	(/		
DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) staling the UNDERLYING CONDITION last.	Metust (c)	A CONSEQUENCE OF:	budeyus	n of
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)				
S DISEASE OR CONDITION GIVEN IN PART 1 (A).		1004		************
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OWAS PERFORMED	OPERATION	YES	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	OF INJURY (e.g., in foctory, street, off	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimor	e City, give exact location)
I W I Coe Int III av	OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX.) While At [Not While			
22. I certify that (1) (this hospital) attended the dece	ased from DF	CEMBER 12	19 71 to DEC	EMBER 17 19 71
that (X) (we) last saw the deceased alive an DEC				nian death occurred on the date
and hour and from the causes stated above. (I) (We) (, .		
23A. SIGNATURE	- AAAA	L		238, DATE SIGNED
(NStantigallis	Affer Phys.	ding Med.	Staff Phys.	12.17.71
23C. PHYSICIAN'S NAME (Type)	DEGREE	D. ADDRESS	7 Hy 2.	12111
Wicholus Strat	-ig x lis			
24A. BURIAL CREMATION, 24R. DATE 24C. NAME of CREMOVAL (Specify)	GEMETERY OF CREA	AATORY 24D.	LOCATION (C)	ty, town, or county) (State)
Say pure de recipiones de recip	erside Ce	125C, FUNTRAL DIRECTO	Rockford, (Ohio ADDRESS
OEC 20 1971 HEAVITH DETICAL THE HAME OF SECIS	1 12 12	Edw. S. Ma	acNabb Sons	Inc.
VS 150-REV. 1/1/68		- sur Freder	ICK Kd. Cat	consville, Md.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

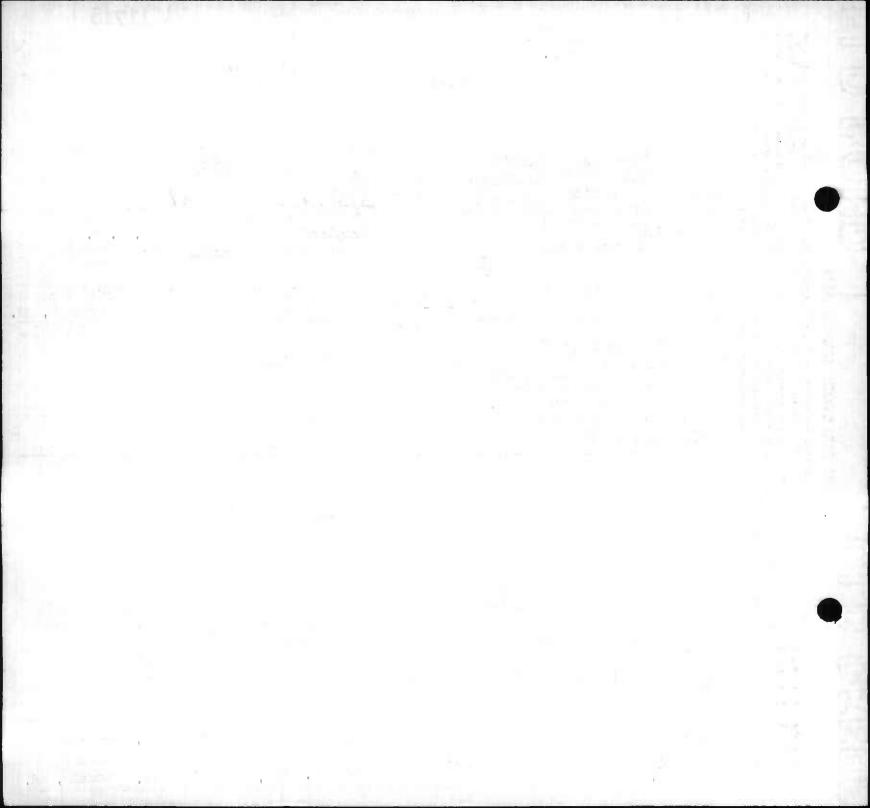
	BALTIMORE CITY HEALTH DEPARTMENT	
1714	CERTIFICATE OF DEATH	RE

10-52	A Production	1 1 1		HEALTH DEPARTMENT	pro-	(I - A 2 I 2
BIRTH NO.	71 1	1714	CERTIFICA	TE OF DEATH	REG. NO.	1 11714
1. NAME OF DEC	ster frank	1	L.B. Bennett	2. DATE	AND HOUR OF DEATH	
	aunu!	Cllin	7	1211	5/71	12:05 P M
STEACE IN SAL	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				there deceased lived, if i	institution: sesidence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			Maryland c. CITY OR TOWN		0/043	
INSTITUTION"	ASTITUTION ADDITION					SIDE CITY LIMITS?
33				Baltimore		YES K NO
The Joh	ns Hopkins	Hospi	tal		son Highwa	V
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In veors	
Male	Cauc.	WIDOWED		1/14/99	lost birthdoy 72	Months Doys Hours Min.
IOA. USUAL OCCU	PATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
guara	vorking fife, even if retired)	Ret	tired	Deleware		USA
13. FATHER'S NAA	AE			14. MOTHER'S MAIDEN N	IAME	
James	Bennett			Mary Rusk	1	
5. Wos Deceosed	Ever in U. S. Armed For Ill yes, give wor or date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT Berd	tha	ADDRESS
	, , , , , , , , , , , , , , , , , , , ,		213 10 2037	Ins. XXXXX Be	nnett o	as above
18.4/0	.9		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY		AIIA		BETWEEN ONSET AND DEATH
	LEADING TO DEATH of meon the mode of	duing on	(A) IMMEDIATE CAL			
heort kailure,	osthenio, etc. It means	the discose,	DUE TO, OR AS	A CONSEQUENCE OF:		
	plicotion which caused	deoth.)		mat		
	INTECEDENT CAUSES		(B)	MI		
	R CONDITIONS, il obove couse (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING	CONDITION lost.		(c)	MSC VU	-	
Z OTHER SCORES	11	170101171110				
OTHE DEATH	CANT CONDITIONS COL	TE TERMINAL				
19A-DATE OF	ONDITION GIVEN IN PAR	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES WERE	FINDINGS CONSIDERED
OTHER SIGNIFI TO THE DEATH DISEASE OR CO	WAS PERF	ORMED		110	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDEN	TWAS UNDERLYING	21B.	PLACE OF INJURY (e.g., i	or obout 21C. WHERE DID	(If In Boltimo	re Cfty, give exocl locotion)
DEATH (notily	medicol exomined	etc.)	e, torm, toctory, street, or	fice bldg., INJURY OCCUR?		
	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX.)	4	Whi	ile At Not While	П		
22. I certify	thoy (1) this hospital	- 1		111.3	19 7/ to 6	ac/5 1971
	last saw the decease	//	Dec 15	19 7/ ond		
			Brun (ald -)	lew the body ofter death	that in this (out) op	Inlon deoth occurred on the dote
23A. SIGNATUI			At 3	iew the body offer deof	10	23B. DATE SIGNED
	lens	llelo	M DEGREE Phys	nding Med.	Staff Phys	12/15/71
23C. PHYSICAL NAME HY	pel P	1		3D. ADDRESS	11-7	1011
	(sarge)	/ac	1/8 DEGREE	Jelly Hopk	in Sport fred	. Bulhun Ild
24A. BURIAL CREA REMOVAL (S	neciful	1 6	ME of CEMETERY of CRE		LOCATION (C	ity, town, or county! (Stole)
Burial	12/18/7	7 92	en Haven Ceme	tery	Glen Burnie 1	d.
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	F REGISTRAR	25C. FUNERAL DIRECTO	O R	ADDRESS
	700 P	Ba Ban	MA	I la ullutina	enal Home 237	7 Tatanian Aug



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

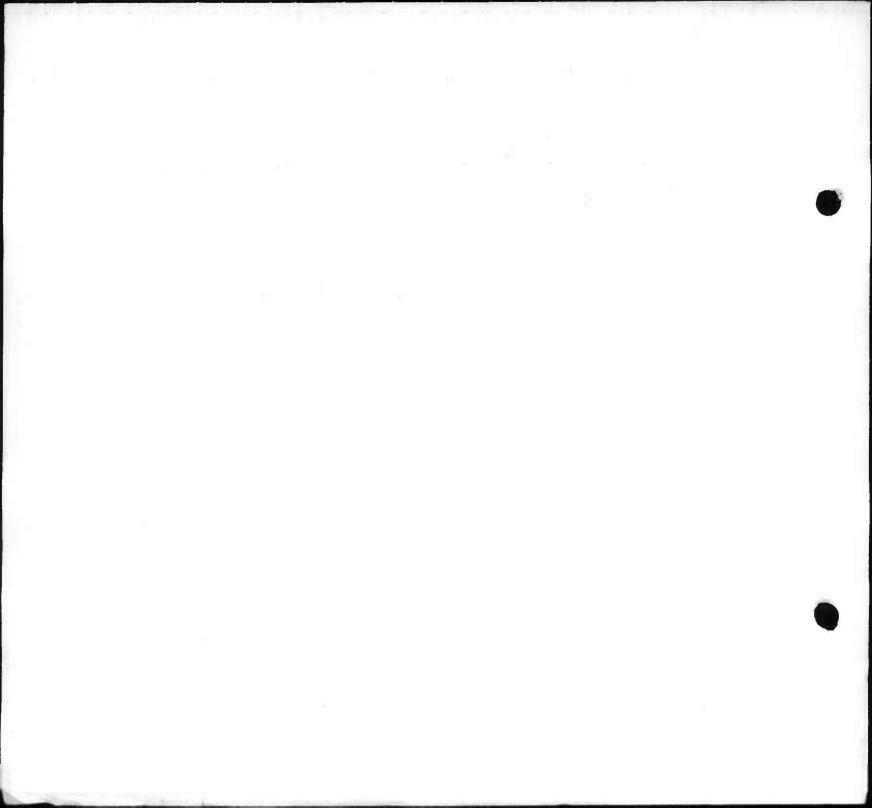
	1 = 2.1	BALTIMORE CITY	HEALTH DEPARTMENT	/ 71 11	715
811	THE NO. 4 71 11715	CERTIFICA	TE OF DEATH	REG. NO.	
	PAME OF DECEASED Ida A. Langley Pro or Printle LANGLEY		2. DATE AN	D HOUR OF DEATH	1 9-50 b "
3.	PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If institution:	residence before admission
FU HO IN	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION STITUTION)	N, GIVE STREET	Maryland Ba c. city or jown Dunda	ltimore D. INSIDE CITY	S 300
Y.	35 Church Home & Hospital	Horp.	E. STREET AND NUMBER	1900 Willow Spr Im Then R	
5.	SEX 6. RACE 7. MARRIED 7.	NEVER MARRIED	8. DATE OF BIRTH	P. AGE Un years If Und	er 1 Yr. If Under 24 Hrs.
	emale White WIDOWED	DIVORCED	12/10/10	61	
dor	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUS de during most of working life, even if refired) Housewife Housewife	SINESS OR INDUSTRY	Maryland		S. K. S
13.	FATHER'S NAME John Grieb		14 MOTHER'S MAIDEN NAM	Bessie Jones	
L	John Breek		Bern	e tres	
(Ye	s, no or unknown) (If yes, give war or dates of service)	social security no. 20-38-5748	MR. CHAUNC	ndO 1900 Willow	
	16. 269.91	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR/CONDITION DIRECTLY LEADING TO DEATH		los bor in	och	(mo
	This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)	(A) IMMEDIATE CAU	A CONSEQUENCE OF:		(/ / / 0 -
	ANTECEDENT CAUSES	Bes &	un Maria Ki	1 Jeth Fran	10/11 7 1
	DISEASES OR CONDITIONS, if any, giving	DUE TO OR AS	A CONSEQUENCE OF:	· forly you.	10 grs. The
	tise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) tras.	Grantim	/	, , , ,
-	11				
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	10000000000000000000000000000000000000		######################################	***************************************
CERTIFICATION	19A-DATE OF OPERATION 19R CONDITION FOR WHICE WAS PERFORMED	CH OPERATION	Yes Yes or No.	208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) elc.)	CE OF INJURY (e.g., in arm, factory, street, off	or about 21C. WHERE DID	(If In Boltimore City, gi	ve exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJ OF INJURY IAPPROX1 While A	VRY OCCURRED Not While At Work		RY OCCUR?	
	22. I certify that (1) (this hospital) attended the d		1/2//2/ 19	9 to Dec. 19	19_7/_
		UC-14	19	t In(my) (our) opinion de	
	ond hour and from the causes stated abave. (1) (W	e) (did) (did not) vi	lew the bady after death.		
	Signature Rp Indoln MD.	Atter DEGREE Phys	nding Med.		TE SIGNED - 14, 1971
	23C. PHYSICIAN'S NAMELITYPEI GEMMA P. TNDOLDS		3D. ADDRESS Church H	my & App	the
24/	REMOVAL (Specify)	of CEMETERY of CRE	MATORY 24D. LO	CATION (City, town,	
	Burial 12/18/71 Garden	s of Faith	Cemeterv	Baltimore,	Maryland
25/	EC 20 1971 Under E. 258. NAME OF RE	GISTRAR	25C. FUNERAL DIRECTOR	7922 Wise Ave.	Dundalk, Md.
VS	150-REV. 1/1/68				,



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Also Also oun oun atte	
pr.	
franca go franca	
Xan Xan Wh wh	
s; (3)	
dic urn ysic	
be approved by the chief medical examiner or his assistant, if death occurred to the hospital by a medical examiner. Also, if the direct or contributing any mature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined contributions of any mature; (5) Each burns; (6) A fracture of any kind; (7) Undetermined contributions where the physician who pronounced death was in regular atth); and (6) No physician was in regular attendance on the deceased priest be obtained before the remains are embalmed or final disposition is made.	
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bod Ws: D.C	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

BALTIMORE CITY HEALTH DEPARTMENT 71 11716 REG. NO. 11716 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
A. STATE
B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION 170 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES D NO GENL. HOS E. STREET AND NUMBER 5. SEX 6. RACE MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Ye. If Under 24 Hrs. WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) NONE irainia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4/Fred Itain back 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or doles of service) 6. SOCIAL ADDRESS SECURITY NO. 8-07-6356 arey APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (11his does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 199A DATE OF OPERATION 199E CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 27C, WHERE DID home, farm, fociory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21D. TIME OF INJURY (Monih) (Doy) (Year) (Hous) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX) Work At Work 22. 1 certify that (1) (this hospital) attended the deceosed from 12 that (1) (we) lost sow the deceased olive on... and that In(my) (our) opinion death occurred on the date and hour and from the couses stoted above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending [GRASSO Staff Director L 23C-PHYSICIAN'S NAME (Type) Phys. 23D. ADDRESS 24A. BURIAL CREMATION. 24C. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) 24D. LOCATION (City, town, or county) (Stote) Park 12-20-Hem.

25A. DATE REC'D BY HEALTH DERL 25C. FUNERAL DIRECTOR VS T50-REV. 1/1/68



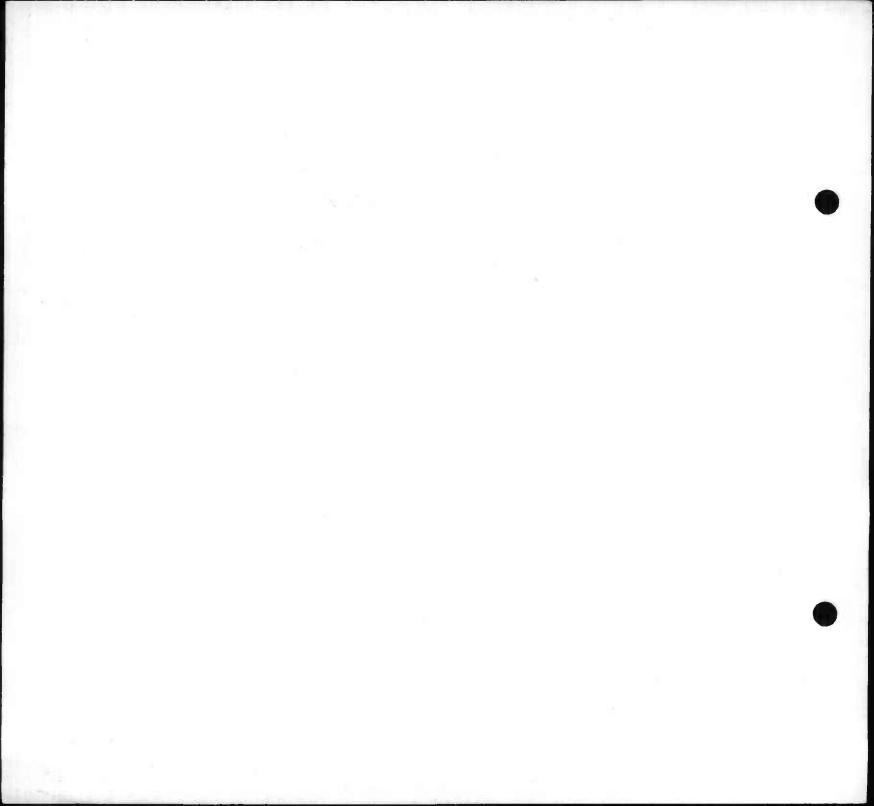
	ME	JICAL	EXAMINER 2	LEKTIFICATE C	IF DEATH	PEG NO	
BIRTH NO.						NEG. 140	
1. NAME OF DE		NCE MO	DCAN ZD	2. DATE Known		Day	Year Hour
			RGAN JR.	DEATH Estimoted	□ Decembe:	r 12, 1	.971 8:50 A.M
	LTIMORE, MARYLAND,			3. DATE	Month	Day	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)				PRONOUNCED DEAD	December	r 12. 1	.971 8:50 A. M
OR INSTITUTION	ADDRESS OR EOC	Allony		5. USUAL RESIDENCE (W			esidence helpre admission\
l Ba	ltimore City	Hospi	tal	IIA CTATE	0 /	COUNTY	()
	and the second second	•	the state of the s	Marylar			501
6. SEX	7. RACE	B. MARRIE	D NEVER MARRIED	C. CITY OR TOWN		INSIDE CITY	LIMITS?
Male	Negro	WIDOWE	DIVORCED	Baltimo	ore	YES	No 🗆
9. DATE OF BIRT		In years	Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER			
4/14/43	last birthd	ay)	Months Days Hours Min.	1025 E.	Lexington	n Stree	a t
	State or fareign country)	1.4	2. CITIZEN OF	13. FATHER'S NAME	Herringeo	n beree	
174		"					
Maryl	and		WHAT COUNTRY?	Lawrence M	organ Sr	•	
done during most of	JPATION (Give kind of work working life, even if retired)	4B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN	NAME		
and an analysis of the				Emma Kelly			
IA WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	IS. INFORMANT		ADD	DRESS
(Yes, no or unknown	(If yes, give war or dotes	of service)	SECURITY NO.		3.000		
110				Emma Morgan	1031 W.	Lexi	ngton St.
19. 28	021,		CAUSE OF DEA	TH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEAS	E OR CONDITION DIRE	CTLY	Death	occurring after	annaront	901 711	
	LEADING TO DEATH				apparent	201701	
(This does a	not mean the made of d	ying, e.g.,	(A)IMMEDIATE C	AS A CONSEQUENCE OF			
tolury or con	e, osthenia, étc. It means th mpitcation which caused de	e disease, ath.)					
		•					
	NTECEDENT CAUSES		(B)				
DISEASES	OR CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSEQUENCE OF			
UNDERLY	OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST.	ano me					
6			(c)				-
E CTUES SICK	HEIGHNE CONDITIONS C	ON ITRIPICAL ITAL	10				
O THE DE	VIFICANT CONDITIONS C ATH BUT NOT RELATED TO	THE TERMIN	NG IAL				
DISEASE OF	CONDITION GIVEN IN F	ART I (A)-					
OTHER SIGN TO THE DE DISEASE OF	F OPERATION 208. CO	NDMON FO	OR WHICH OPERATION WA	S PERFORMED		12	1. AUTOPSY? (Yes or No)
0 1							Yes
₹ 22A. EXTER	NAL CAUSE WAS	22	B. PLACE OF INJURY(e.g.,	In or about 22C. WHERE DI	D. /If in Rollinger Cl	ht also asset	Ies
SUNDERLYING	GOR CONTRIB-	ho	me, form, foctory, street, office	bidg., etc.) INJURY OCCUR	S for me pominion Ci	M Bing awei	iocalion
UTING LI CA	USE OF DEATH.	X (1)					
OF INJURY	(Manth) (Doy) (Yea	r) (Hour)	22E.INJURY OCCURRED		INJURY OCCUR?		
(APPROX.)		m	WHILE AT NOT AT W	WHILE TO SERVICE ORK			
23.				V			
I cert	ify that I held an	inquiry 🔲	inspection Aut	opsy X and that or	this basis, dea	th in my or	inion
resul	ted from: Natural cas	KI	Accident Suicid				
10301	A TOME MOTOR COL	1862	Accident []		Undetermined	manner 📖	
ACTUAL	(4) ()	11	13	CHIEF MEDICA	L EXAMINER		DATE SIGNIED
SIGNAT		1,0	Januale MD.	ASSISTANT MEDICA	LEXAMINER A		DATE SIGNED
EXAMIN		S Sn	ringate, M.D.	ASSOCIATE MEDICA	L EXAMINED	Dogge	ber 12, 1971
NAME (1	(ype)	p. ph	ringace, M.D.	MUST CINIE MEDICA	E EVANIIIAEK [Decen	mer 12, 19/1
24A. BURIAL CRE	MATION. 248. DATE		24C. NAME of CEMETERY	or CREMATORY 124	D. LOCATION	(City, town, o	or county) (State)
REMOVAL (Speci	fy) 12/16	5/71	Mt. Zion				
Burial		/			Magothy,	Mary]	land
25A. DATE REC'D	BY HEALTH DEPT.	258. NA	ME OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADD	RESS
OFO O	0 1071 00	20 3	Ban M.D.	charles !	A. Rice		
ULUA	13 Areas	to the Ward	way, M.D.	C.1.00 1		3 -	
VS 151-REV 3/1/60			7				

2-1-1972 - Form - Completion of cause of death on a pending medical examiner death certificate C. Springate, M.D.

HRS

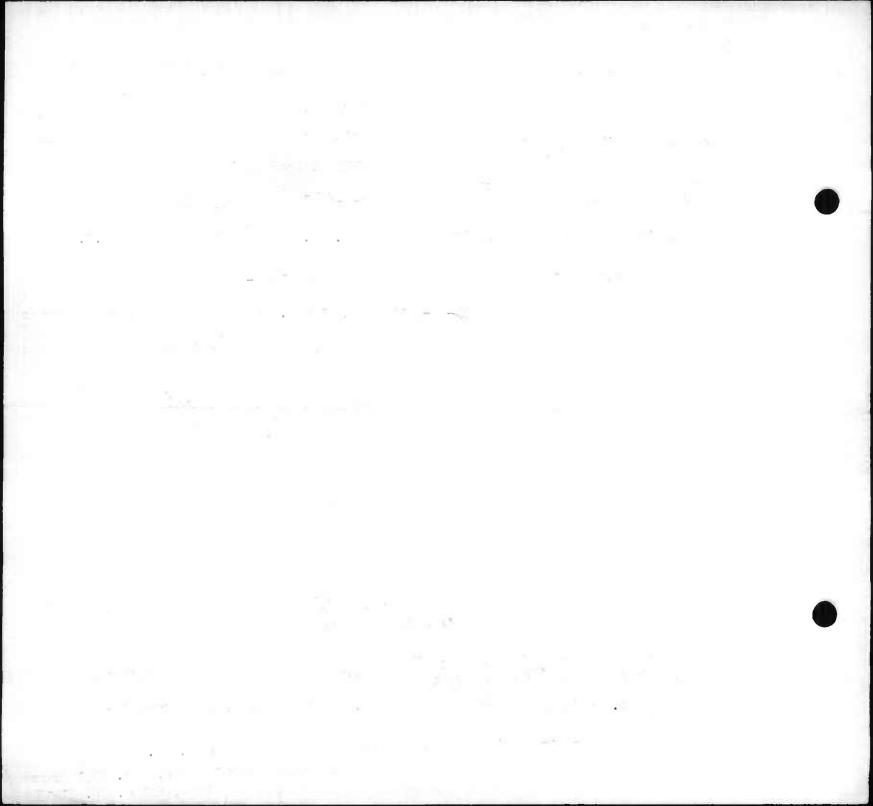
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1 11 11 11 11	HEALTH DEPARTMENT REG. NO. 71 11718
	BIRTH NO. 1. NAME OF DECEASED	TE OF DEATH REG. NO. 71 11718
	(Type or Print) UOHN S/OVer	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased fixed the city is a sixty
Ì	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY Maryland /603
	INSTITUTION	C.CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES TO NO
	The Johns Hopkins Hospital	E. STREET AND NUMBER
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	529 N. Fulton Avenue
	Male Negro WIDOWED DIVORCED	6/21/92 last birthday) Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Minister 13. FATHER'S NAME	Georgia US.A.
	13 FAIRER'S NAME	14. MOTHER'S MAIDEN NAME
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Julie Ann Smith
	security No.	Comin Ol Food of Fill News
	18. 4 2 7 . 2 Ft / 77 . CAUSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(A)IMMEDIATE CAU	SE Chra- Ful WVIII
	injury or camplication which caused death.)	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	Liate Elio unknown
	tise to the abave cause (A) stating the UNDERLYING CONDITION last.	A CONSEQUENCE OF:
	ONDERLING CONDITION TOST. (C) 303 720	as y Mesas Netwo Ca
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOSSYS (Yes or Noll 20B IS YES WEST SINDINGS CONSIDERS
	WAS PERFORMED	NO No. 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- 11	21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in home, larm, foctory, street, off DEATH (notify medical examiner)	or obout 21C. WHERE DID (If In Boltimore City, give exoct location) injury occur?
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) Work At Work	
	22. I certify that (1) (this hospital) ottended the deceased fram	Nov. 23 19 7/10 Dec /5 19 71
	that (I) (we) last saw the deceased olive an	19and that in(my) (our) apinian death accurred an the date
	and hour and fram the causes stated above. (1) (We) (did) (did not) vi 23A. SIGNATURE	ew the bady after death. 238, DATE SIGNED
	Horan MI) DEGREE Phys.	ding Med. Staff 12-15-71
	22C BUVELCE AND	3D. APDRESS
2	44- BURIAL CREMATION, 248, DATE 24C, NAME OF CEMETERY OF CRE	Johns Hopkins Thorpital, Ball, Mal
	REMOVAL (Specify)	1. Park Arbutus, Maryland
2	SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	
	DEC 20 1971 (Grant E. Vailsey, M.D.	Charles H. Nice 661 W. Barre St.



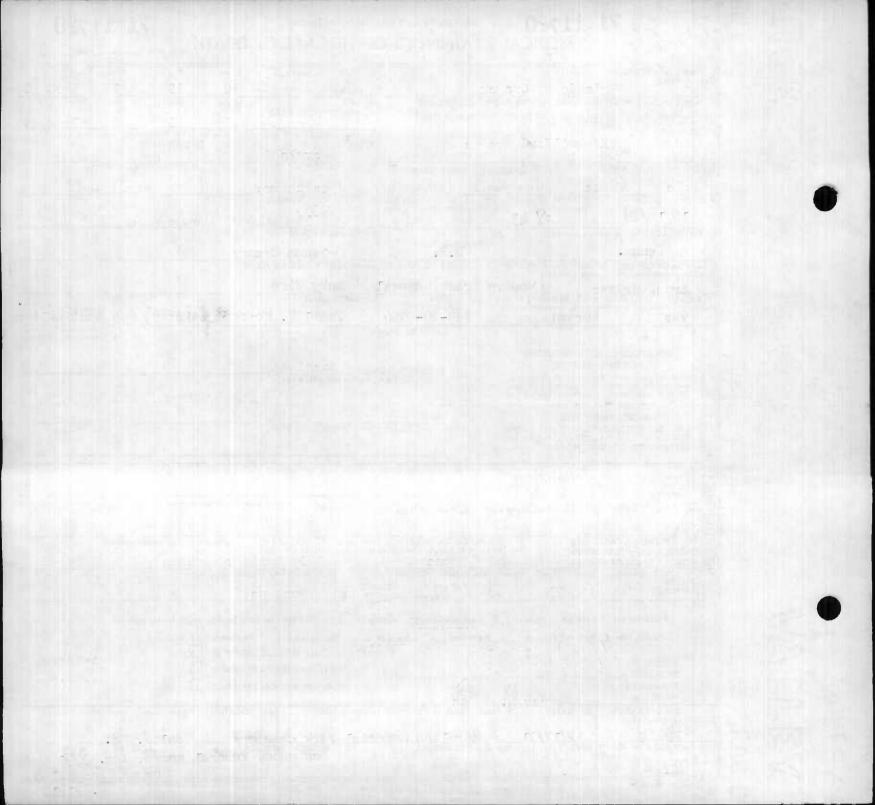
	Ш
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the the body was released to the hospital be shows: (1) An accident of any nature; (2) was D.O.A. at a hospital (except where deceased prior to death); and (6) No pheritten approval must be obtained befor	2
his cert he body hows: (vas D.O lecease	2
F 0 5 0 3	

8-552	71 11	710	BALTIMORE CITY	HEALTH DEPARTME	NT M	44 4040	
BIRTH NO.		/10	CERTIFICA	TE OF DEA	TH REG. NO.	11719	
I. NAME OF DECE	ASED				7-1		
(Type or Print)	STHER M. SIN				ecember 12, 19	-	A
3. PLACE IN BALT	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENC	E (Where deceased lived. II	institution; residence before o	dmission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		263	1-
INSTITUTION	St. Agnes			C.CITY OR TOWN Baltimore	D. IN	SIDE CITY LIMITS?	
6-0	Baltimore,	-		E. STREET AND NUM	ABER	TES INO	
				1120 Steig	er Road 212	05	
5. SEX 6	S. RACE	7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours	r 24 Hrs.
^	White	WIDOWED		3-6-18 19	52 31		********
done during most of wo	orking life, even if refired	ì	BUSINESS OR INDUSTRY		or loreign country!	12. CITIZEN OF WHAT	COUNTRY
	Operator	Ве	endix	W. Va.		U.S.	
13. FATHER'S NAM	E			14. MOTHER'S MAID	N NAME		
	Abraham Nel:	son		Cece	lia -		
5. Was Deceased E Yes, no or unknown!	ver in U.S. Armed For If yes, give wor ar date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
no			235-40-5213	Chesley K	. Simmons (Hu	sband) same ad	dres
/ / ~	.71		CAUSE OF DEAT		0.00	APPROXIMATE IN	ITERVAL
	OR CONDITION DI	RECTLY		Myoca	aracal Inf	ardion	HO DENTI
(This does not	meon the mode at	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	<i>//</i>		P#########
hearl lailure, a	sthenia, etc. Il meons licolian which caused	the diseose.	DUE 10, OR A3	CONSEQUENCE OF:			
	NTECEDENT CAUSES			ASCVA) generalized	l	
DISEASES OR	CONDITIONS, il	ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	77 7		
	obove cause (AI CONDITION last	slaling the	(c)		()		
	11		\\\ \(\sigma \) \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
OTHER SIGNIFIC	ANT CONDITIONS COL	NTRIBUTING					
▼ DISEASE OR COI	NDITION GIVEN IN PAR	T 1 (A).	100001001000000000000000000000000000000		**************		
19A. DATE OF C	PERATION 198. CON WAS PER	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	OF No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?	
OP CONTRIBUTE	WAS UNDERLYING	21B,	PLACE OF INJURY (e.g., in e, form, foctory, sheet, of	ar about 21 C. WHERE	DID (If In Bollimo	re City, give exoct lacation)	
DEATH (notify m	redical examined	elc.)	of territy tectory, since of the	ice olaga, iris oki occ	o a:		
OF INJURY	Month! (Doy) (Year)		INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?		
(APPROX.)		Whil	le At Not While	January	6		
22. I certify th	not (1) (this hospital) ottended th		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	19 71 to Dec	ember 12. 19	71
that (I) (we) Id	st saw the decease	d alive on	Nec 12	19.7/	and that in(my) (aur) opi	inlan deoth occurred on	the date
and haur and f	rom the couses stat	ed abave. (1)	(We) (did) (did not) v				
23A. SIGNATURE		2.	~ _			23 B. DATE SIGNED	
100	igenio 6	Denil	DEGREE Phys	Med. Director	Shaff Phys.	12/13/71	
PHYSICIAN NAME (Type	E, Benitez			St. Agnes H	ospital, Baltin	more, Md.	
AA. BURIAL CREMA	ATION, 248, DATE	24C. NA	ME of CEMETERY of CRE	MATORY 2	4D. LOCATION (C	ity, town, or countyl	(Stolet
BURIAI,	12/15/7	1 1	Oak Lawn Ceme		Bal to.		
SA. DATE REC'D B	Y HEALTH DEPT.	258 NAME O			Clos Tanox -7 II	ADDRESS	
DEC ZO E	MI APROPER	Agrical .	4.0	1 9 1	runeral Home	es, Inc. 3331 B	rehm
S 150-REV. 1/1/68					Lane,	Balton Mat on	212



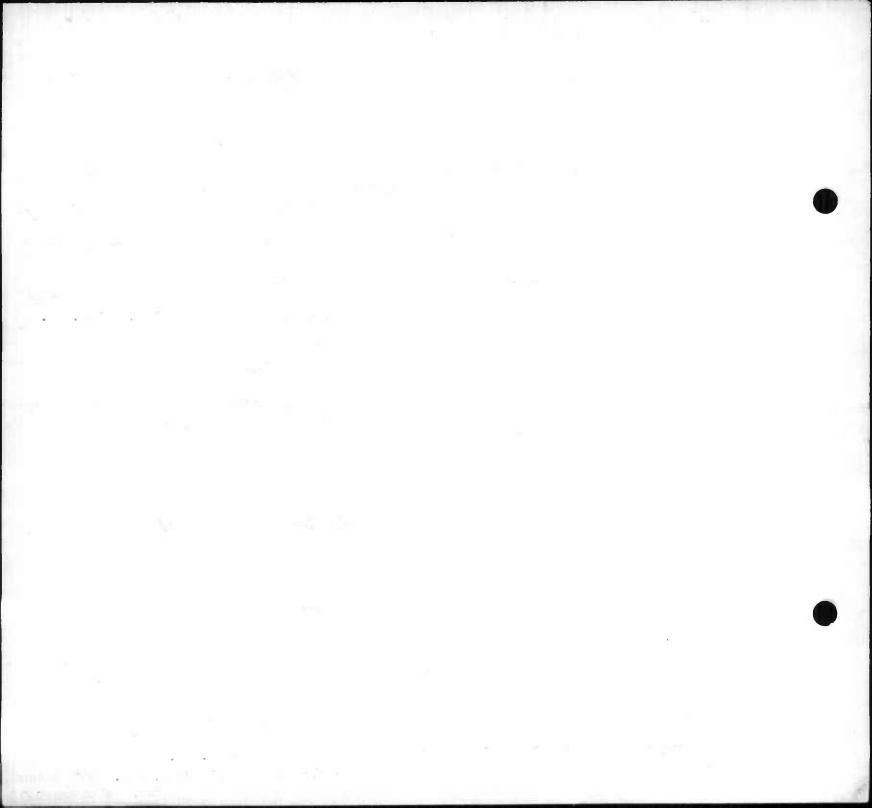
1101	11	11720	BALTIMORE CITY HEALTH DEPARTMENT				
2-656		MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATI	

818	RIH NO.	CLICI	11 10	AIL OI	DLA	REG. NO.			
_	NAME OF DECEASED	2. DA	TE	K [7]	Month	Dov	Year	Hour	
	ne or Print)		F	found					
	Orlando P. Cramer		ATH	Estimoted	12	13	71	6:30	Рм.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DA		ICED DEAD	Month	Doy	Yeor	Hour	
	LE NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION)	PRO	ONOUN	NCED DEAD	12	13	71	7.20	Рм.
OR	INSTITUTION	5. USI	UAL RES	IDENCE (Where			n: residence l		
1	2638 Guilford Avenue	A. STA				B. COUNTY		130	3
C	2635			aryland				20	0
6. 5	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CIT	YORT	OWN		D. INSIDE C	ITY LIMITS?		
	Male White WIDOWED DIVORCED		D.	al+imoma			ES &	и П	
9 1	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24)		DEET AN	altimore		1	E2 K.J	ио Ц	
	lost birthday) Months Doys Hours N	lin.	26	35,					
	10/10/28 10st biringly 43 Months 100ys Nours N		-26	NUMBER 35 38 Guili	ord A	venue			
11.	BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FA	13. FATHER'S NAME						
	Penna. WHAI COUNTRY?		0207	anda Can	2020				
1./ A	USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUS	TDV 15 AA		ando Crar					
done	e during most of working life, even if relired)	1K1 13. M	O INEK	MAIDEN NA	NE				
	truck driver Modern Trash Remov	val	Rub	y Fike					
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL		FORMA			A	DDRESS		St.
(Y es	s, no or unknown)(if yes, give wor or dotes of service) [SECURITY NO.	16	Door	rl E. Mo	20.11	(- + - +)	800 N		
-	yes Korean 220-20-095		rea.	LT E. MO	Terr	(SISTER)		ontipe	
	19. E 7 5 2 1 CAUSE OF D	EATH						EEN ONSET AL	
	DISEASE OR CONDITION DIRECTLY								
	LEADING TO DEATH		Har	naina					
	(A)IMMEDIA	OR AS A CO	-	nging					
	heart foilure, asthenio, etc. It means the disease,	UK AS A CU	Macdor	ENCE OF					
	Injury or complication which coused deoth.)								
	AND CONTAIN CAUSES								
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	OR AS A CO	ONSEOU	IENCE OF					
		OK AS A C	O 143EW L	JENCE OF:					
7	UNDERLYING CONDITION LAST. (C)								
ō									-
Ы	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
쁜	DISEASE OR CONDITION GIVEN IN PART 1 (A).								
23	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PER	FORME	0			21. AUTO	PSY? (Yes o	r No)
O								No	
귕	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(6	a la or ob	220	WHERE DID	M In Rollins	and Clare when any	net I neutte n	110	
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B.PLACE OF INJURY (e home, form, factory, street,	office bldg.,	etc.) INJ	URY OCCUR?	n in ponim	ore City, give ex	oer rounon)	5.5	
요	UTING CAUSE OF DEATH. House		1 2	2638 Guil	ford	Avenue	I colon !	15	
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRI	D.		. HOW DID IN					
	OF INJURY (APPROX.) 12 13 71 WHILE AT WORK	NOT WHILE	_	Trees	1.5				
	23. m. WORK	T WORK L	<u> </u>	Hung se	II				
		. 1							
	I certify that I held an Inquiry Inspection Ix	Autopsy		and that an th	ils basis,	, death in my	apinian		
	resulted from: Natural causes Accident Sul	cide X	Hom	Icide 🔲	Undeterm	Ined manner			
	11/1/2	Deputy	7 CH	HEF MEDICAL E	YAMINED	T			
	ACTUAL ////////////////////////////////////	Deputy						DATE SIGN	IED
	SIGNATURE / V	M.D.	ASSIST	ANT MEDICAL E	XAMINER				
	EXAMINER'S		ASSOCI	IATE MEDICAL E	XAMINER			12-14-	71
	NAME (Type) Werner W Spitz, M.D.								
24/	A. BURIAL CREMATION. 1248. DATE	RY or CRE	MATOR	Y 24D.	LOCATION	(City, town	n, or county)	(Stot	e)
RE	MOVAL (Specify)					(5117) 1541	,,	(310)	-,
	BURIAL 12/17/71 Morel and Me	amorri n'	T Pa	nt Comet	DWIT	Balto	LM.		
25/	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR		25C, EU	NERAL DIRECTO	OR.	DALIZ	DDRESS		
			S	NERAL DIRECTO	Funer	al Homes	Inc.	3337	
	DEC 20 19/1 (1996) & March 124					Bra	hms La	no Daz	+-
VS	151-REV. 1/1/68		17.72			- ACA			
	Nythy !!	1 (-	1 6			md	. 2121	3 V



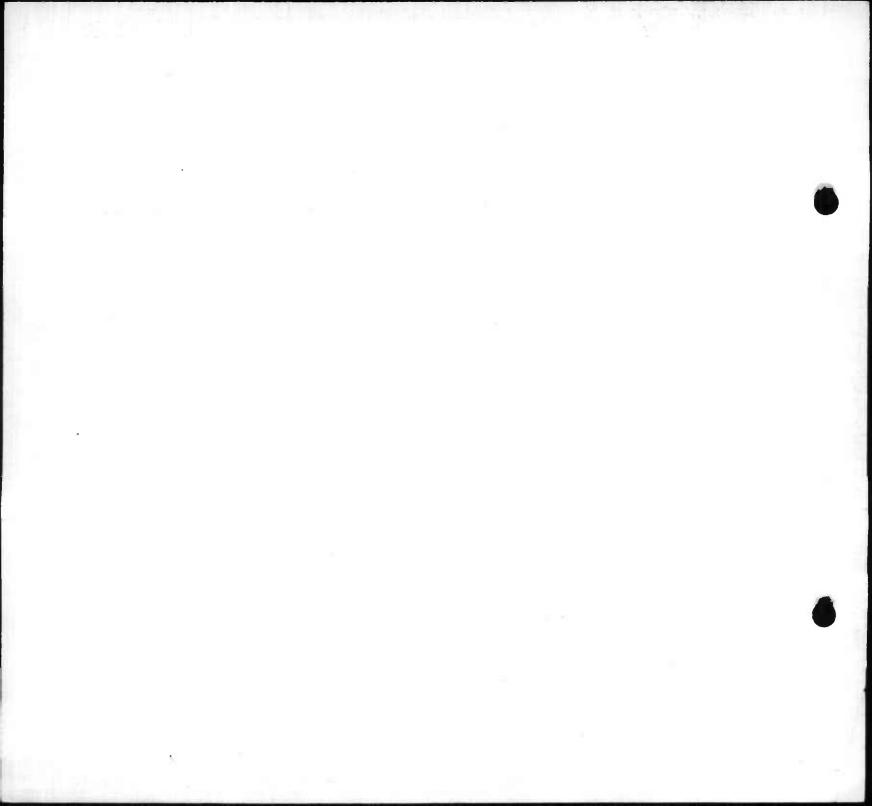
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F-520 74 44 MOST BALTIMOR	ECATE OF DEATH REG. NO. 71 11721
BIRTH NO. 71-21068 CERTIF	ICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	A. STATE B. COUNTY
FULL NAME OF	
3	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES XY NO
They of und the state	E. STREET AND NUMBER
univion Ma. Hospital	1834 Kangay ST. \$3/225
MARRIED NEVER MARRIE	[last birthday] Months; Days Hours; Min,
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INT	
done during most of working life, even if retired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I IMENOUN.	7116 1 trate 011
15. Was Decased Ever in U. S. Armed Farces? (Yes, no or unknown) (III yes, give war ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS 21 224
2/866	1090 Mary Thomas (Aunt) 2121 E. Balto. St.
18. 7 78,91 CAUSE OF	
DISÉASÉ OR CONDITION DIRECTLY LEADING TO DEATH	Can II a Chia
(This does not mean the made of dving, e.g., (A) IMMEDIA	ATE CAUSE (A) A (A) (A) (A) (B) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
heatl failule, asthenia, etc. Il means the disease, injury ar camplication which caused death.)	/
ANTECEDENT CAUSES	Drematurity 8km 24.
DISEASES OR CONDITIONS, il any, giving DUE TO, n'se la lhe above cause (A) stating the	OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
Z	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No!) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	TO NO TES
	((e.g., in ar about 21 C. WHERE DID (If In Boltimare City, give exact lacation) neet, affice bidg., INJURY OCCUR?
Q 21D TIME (Month) (Day) (Year) (Hour) 215 INTIRY OCCUPANT	ED 21F. HOW DID INJURY OCCUR?
S (APPROX) While At No	at While
Work LJ At	Work
22. I certify that (1) this haspital) attended the deceased from that (1)(we) last saw the deceased alive an 12 14	
and haur and fram the causes stated above. (D) (We) (did) (did	
23A, SIGNATURE	23B, DATE SIGNED
the munitostal Mas	Attending Med. Staff Phys. Director Phys.
PSC. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	DEGREE UNIV. OJ Md. HOSP,
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY REMOVAL (Specify)	or CREMATORY 24D. OCATION (City, town, o county) (State)
BURIAL 12/16/71 Holy Redeem	er Cemetery Balto. Md.
DEC 20 197	25C. FUNERAL DIRECTOR Funeral Homes, Inc. 3331 Brehms
VS 150-REV. 1/1/68	Lane, Balto Md 212



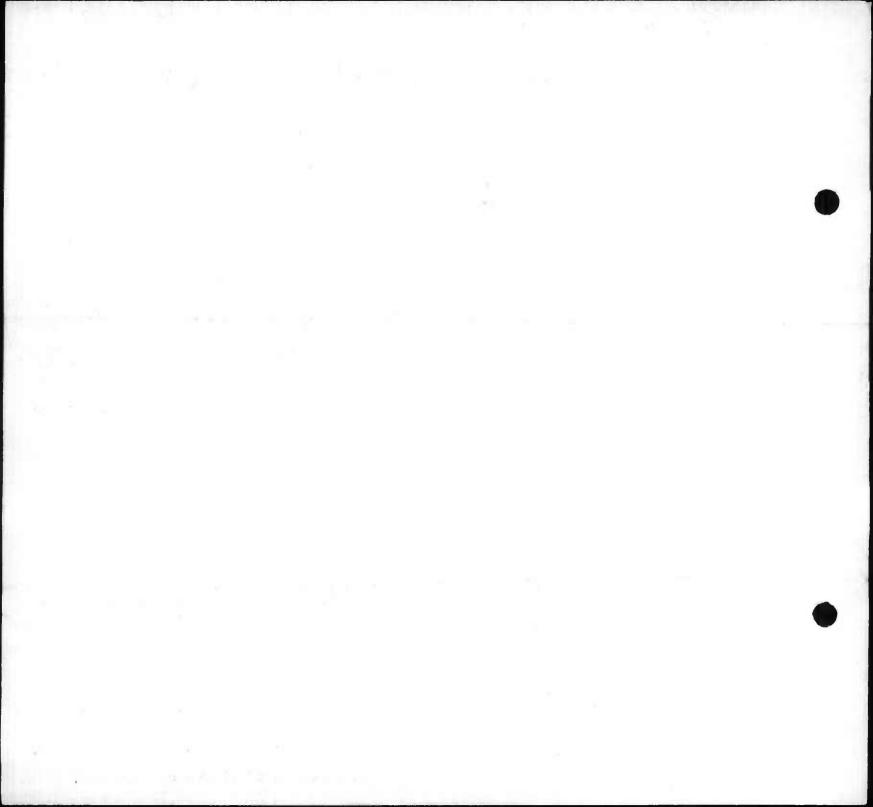
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	B-634 71 11722		TE OF DEATH	REG. NO	1 11722
	BIRTH NO. NAME OF DECEASED Type at Print)			D HOUR OF DEATH	1 22
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (When	5 - Vecent	stitution: residence before admission)
- 11,	FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		Marcy Coun C. CITY OR TOWN		DE CITY LIMITS?
	South Both more Ge	- Hosp	E. STREET AND NUMBER 521 E. Pa	taps co	YES 4 NO]
Ĕ	SEX Fancile 6. RACE To MARRIED AN WIDOWED	DIVORCED	10-1-72	ast birthday)	Months Days Hours Min.
	OA. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State ar forei	gn eountry)	12. CITIZEN OF WHAT COUNTRY?
<u></u>	Housewifs		Md.		U.S.A.
Sposition	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAA	A E	0. 5.74
s	Chizistian Pumphre	\	Lauren Y		
1	. Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL	17. INFORMANT	egar	ADDRESS
	No	SECURITY NO. 14 16 9131	Della	4 1	
	18. 4 10.4	CAUSE OF DEATH	rand with K =	Miss. Loss	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		COMGATIVE	HEART 17	24/ DETYGEN ONSET AND DEATH
E	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Cepe ora	E location	· 6 horas
5	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:		
E	injuty at camplication which caused death.)	MIS	OGARRIAL	INFALCT	104
	ANTECEDENT CAUSES	(B) Khoun		+ Le series	e Years
2	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the		A CONSEQUENCE OF:		/
2	UNDERLYING CONDITION last.	(c) 12-16-1	111471e HEF	FRI DISS	FAX
SILIBILIDA OLIV	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		even & lec	e-bol,	6 hours
CENTIFICATION	19A DATE OF OPERATION 19B CONDITION FOR WHICH		20A. AUTOPSY? (Yos or No)	208, IP YES, WERE FI	INDINGS CONSIDERED
		E OF INJURY (e.g., in m., factory, street, off	or obout 21C. WHERE DID ce bidg., INJURY OCCUR?	(if in Baltimore	City, give exect location)
D W		RY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
5 °	(APPROX) While At Work	Nat While			
5	22. I certify that (1) (this hospital) attended the de	ceosed from	14- Rec 1	7/ to /	5- Dec 1971
	that (1) (we) lost sow the deceased olive on	15 - Dec			Ion death occurred on the date
	and hour and from the causes stated abave. (1) (We	(did) (dtd not) vi	ew the body ofter death.		
	23A. SIGNATURE	4.70			23B, DATE SIGNED
	Kre hand & Striper	Atten Phys.	ding Med. S	toff hys.	15- Den -7/
24	23C. PHYSICIAN'S NAME (Type) Kichard & Fisher	M.D. 2	BD. ADDRESS	46	Haspill
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY OF CREA	MATORY 24D. LO	CATION (City	, town, ar caunty) (State)
	Burial 12/15/71 Glen	laven Cemet		Burnie d.	
25	A. DATE REED BY HEALTH DEPT 258 NAME OF REC	SISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	DEC 20 1971 Valent E Jankey Mil		Ma ully Funera	1 Home 237	
'VS	150-REV. 1/1/68			21	7700

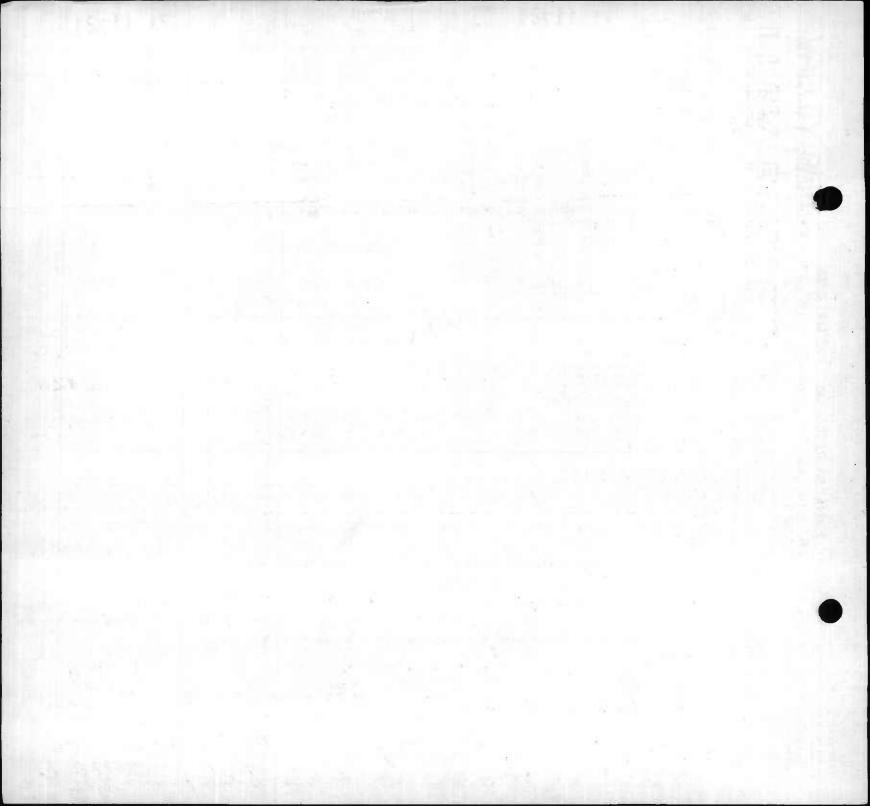


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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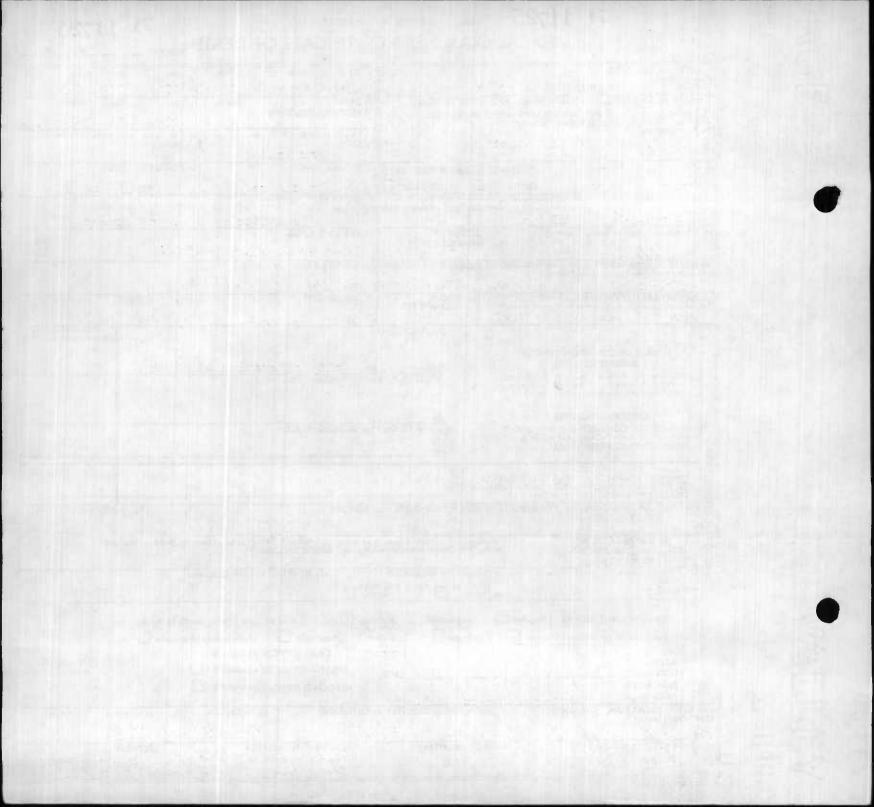
G-540 71 11723 BALTIMORE CITY HEALTH DEPARTMENT 71 11723
BIRTH NO. 71 11723 CERTIFICATE OF DEATH REG. NO. 71 11723
1. NAME OF DECEASED [Type of Pont] 2. DATE AND HOUR OF DEATH
Came well, Lose phine Amelia Gerenber 1/-11 5 a- M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission) A. STATE B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION!
D. INSIDE CITY LIMITS?
Mescuret - Home for Incurables Daltimure YES NO
71 of Daltimore Lity 220 W- 27 th St.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months! Doys ! Hours : Min.
temale VV WIDOWED DIVORCED F-PIL 11-1906 65415.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
thusewife - Battimore - aud. USH
13. FATHER'S NAME
Henry T. Koth Pereasa Rohleder
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give wor or dates of service) ADDRESS ADDRESS ADDRESS ADDRESS
10 218-54-0342 Keswick Records - U. Winter
18. 3 4 2 X APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH ANIMAFDIATE CAUSE XXOCAVALUE 10 Favotion Hours
(This does not mean the mode of dying, e.g., heart faiture, osthenio, etc. It means the diseose, injury or complication which coused death.)
ANTECEDENT CAUSES Per Kinson & Riserse Years
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
nise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C)
\\\(\sigma_{\sigma}\)
O THER SIGNIFICANT CONDITIONS CONTRIBUTING F TO THE DEATH BUT NOT RELATED TO THE TERMINAL
Death But Not retailed to the terminal Disease or condition given in Part 1 (A). 19A-Date of Operation 19B. Condition for which operation 20A-Autopsy? (Yes or No) 20B. IF YES, Were Findings Considered
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 208-AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
in in politimore City, give exect locotion)
S DEATH (notily medical examine)
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work
22. I certify that (I) (this hospital) attended the deceased from Oct 22 19 67 to 19 19
that (1) (we) last sow the deceased alive on Dec 11 19 7/ and that in(my) (our) opinion death occurred on the date
and hour and from the causes stated abave. (1) (We) (dtd) (did nat) view the body after deoth.
23A. SIGNATURE 23B. DATE SIGNED
Attending Med. Staff Director Director Phys. 2 12-11-71
23C. PHYSICIAN'S NAME (Type) PK (-1/A/MO) (23D. ADDRESS 12 1/A/MO) (23D. ADDRESS 12 1/A/MO)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel
Burial 12/14/71 Baltimore National Frederick Rd. Balto Md.
25A. DATE REC'D BY HEALTH PERT. 25E NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Mitchell Wiedefeld Home 6500 York Rd.
VS 150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 71 1179 CERTIFICATE OF DEATH Such hospital and use of death (5) Deceased I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) Leonard, Lillian uo 2-7-71 death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE LAKE DRIVE NURSing Home cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS 0 canse; 2401 Eutaw Place prior E. STREET AND NUMBER contributing nore, Md. 21217 occurred Linden made. etermined in regular 5. SEX B. DATE OF BIRTH 9, AGE (In years Months Doys If Under 24 Hrs. Hours Min. 6. RACE 7. MARRIED NEVER MARRIED deceased Hours last birthdoy 1886 WIDOWED 2 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition death done during most of working life, even if retired) (4) **Und** Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME assistant if death 0 kind; ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6, SOCIAL 17. INFORMAN final unknown) (If yes, give war or dotes of service) SECURITY NO. attendance 216-16-6108 any APPROXIMATE INTERVAL 1B. pronounced or BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE bal heart failure, asthenia, etc. It means the disease, uar xaminer. injury or complication which caused death.) em ANTECEDENT CAUSES who 5 re are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, to the above couse (A) (3) sloting the = physician UNDERLYING CONDITION Iosi. before the remains chief medical MOS medical ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) (2) Body CERTIFIC 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IYes or No! 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION the 0 WAS PERFORMED the 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY le.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct locotlon) where OR CONTRIBUTING CAUSE OF hospital 0 etc.) DEATH (notity medical examiner) any nature; MEDIO obtained 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 9 approved OF INJURY Not While (except While At (APPROX.) and Work At Work to the 22, I certify that (1) (this haspital) attended the deceased from that (1) (we) lost saw the deceased alive an and that In (my) (aur) aplnian death accurred on the date be of death) hospital and haur and fram the causes stated above. (1) (We) (did) (dld nat) view the bady after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending X Staff Med. 0 Phys. Director approval 0 23D. ADDRESS 23 C. PHYSICIAN'S prior at NAME (Type) An 21061 MMEOY NI DEGREE D.O.A. BURIAL CREMATION. shows: (1) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) eceased the body REMOVAL | Specify! written MOS 25A. DATE REC'D BY HEALTY DEPT. 258. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS

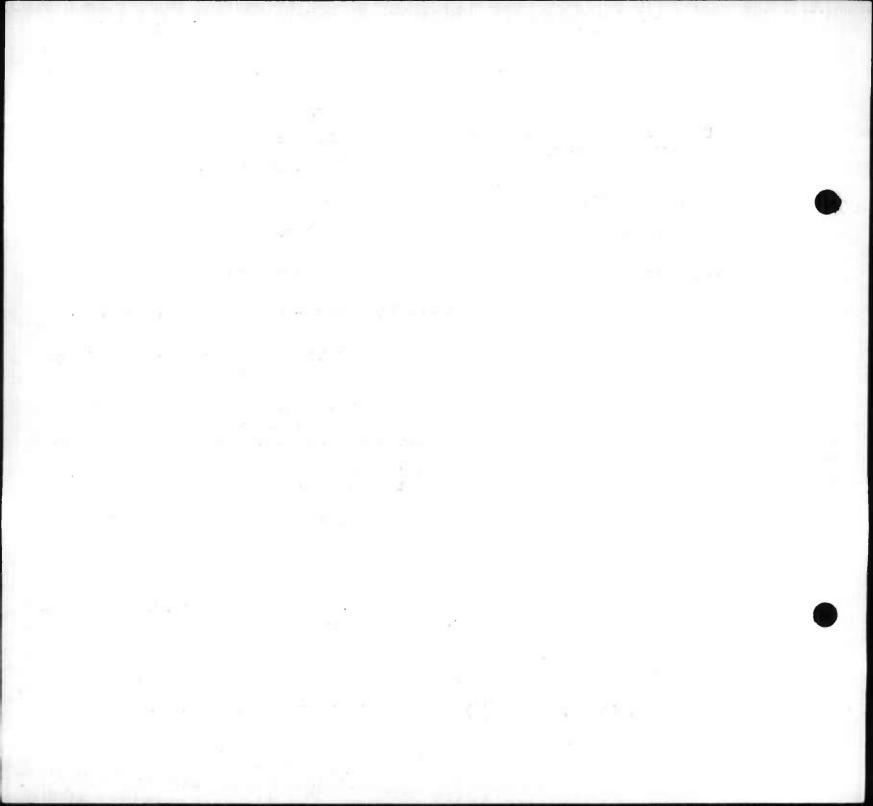


H-436 MEDICAL EXAMINER'S	CEDTIEICATE OF DEATH	71 11725
BIRTH NO.	CERTIFICATE OF DEATH REG. N	10
I. NAME OF DECEASED (Type or Print) Harold Holderfield	2. DATE Known 🖾 Month Doy	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated 12 13	71 2:30 P.M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived, if institu	71 2:30 P. M
8 N. Gay Street	Maryland B. COUNT	401
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN	E CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore	YES NO
9. DATE OF BIRTH 10. AGE (In years lost birthday) 10st birthday) Months Days Hours Min.	E. STREET AND NUMBER	Care Change
11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF	Edison Hotel - 8 N. (ay Street
N, C. WHAT COUNTRY?	M. C. HOLDERFIELD	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even il refired)	15. MOTHER'S MAIDEN NAME	
JEA MAN MERCHANT JHIPPING		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no erunknown)(II yes, give wor or dates of service) SECURITY NO.	BERTHA HOLDERFIELD WEMIND	ADDRESS
19. CAUSE OF DEA		APPROXIMATE INTERVAL
heart lailure, asthenia, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B)	CAUSE Fatty alteration of live as a consequence of	r
O TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes or No)
Ö		Yes
TING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.	In or about 22C, WHERE DID (If in Boltimare City, give bldg., etc.) INJURY OCCUR?	
(APPROX.) WHILE AT [7] NOT	WHILE ORK	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Reacon Borial C. Dec. 71 V. A., CEMET	ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (City, 1)	DATE SIGNED 12-14-71 own, or county) (Stote)
DEC 20 1877 Robert C. Salvey M.D. VS 151-Rev. 1/1/68	Balto, Kisz College House of Co	ADDRESS TUDIQUE HOME WAS FULL OF N.C.



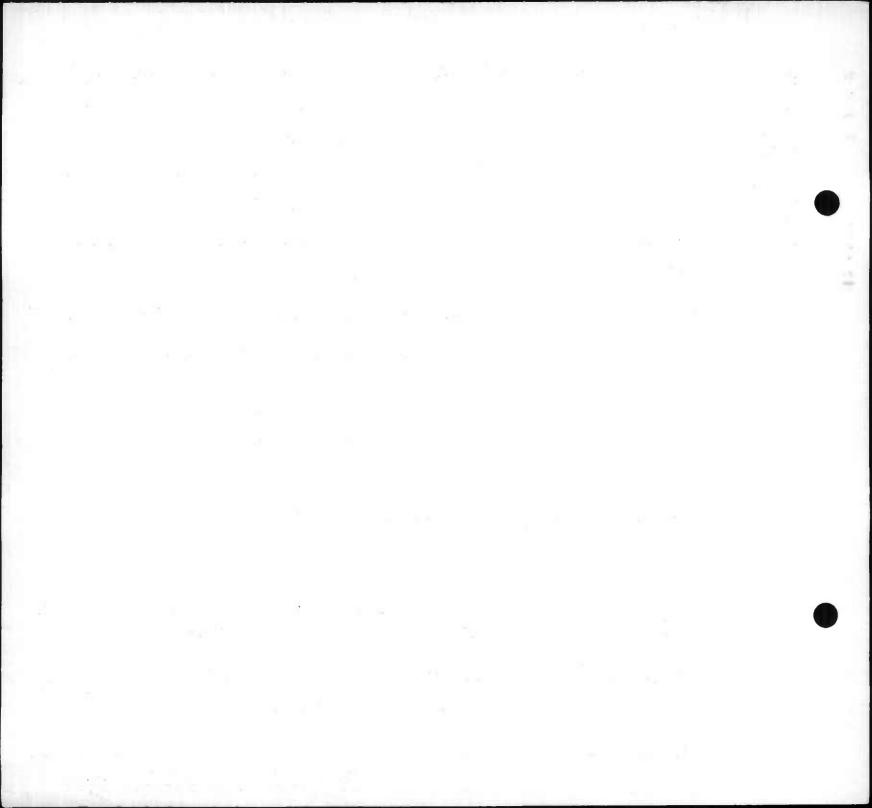
•	of approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death to fany nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceases ital (except where the physician who pronounced death was in regular attendance on the the deceased prior to death. Such the obtained before the remains are embalmed or final disposition is made.	
IMPORTANT	Also, if the direct re of any kind; (4) U nounced death wa attendance on the Imed or final dispos	
FUNERAL DIRECTOR: IMPORTANT	e approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contribution of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined tal (except where the physician who pronounced death was in regular the); and (6) No physician was in regular attendance on the deceased protection before the remains are embalmed or final disposition is made.	
RGB	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	

- 11-	B-650 71 11726	BALTIMORE CITY CERTIFICA	TE OF DEATH	REG. NO. 71	11726	
	NAME OF DECEASED VPC OF Print) Carcella Ann Bro	wn		12, 1971	1 7:45	PM
	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	ne deceased tived. If ins	stitution: residence before	M. odmission)
	US Public Health Service	Hospital	Md. c.CITY OR TOWN Baltimore	D. INSI	DE CITY LIMITS? YES X NO	1
	3100 Wyman Parkway		E. STREET AND NUMBER 200 E. Pre	ston St.		
	F Caucasian WIDOW		0/9/10	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Un Months Doys Hours	der 24 His. Min.
9	OA USUAL OCCUPATION (Give kind of work 108, KINI one during most of working life, even if retired) HOUSEWLIE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlate or fore Mass.	ign country)	12. CITIZEN OF WHAT	COUNTRY?
1.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
31	Jude Watt		Elvana Tic	knor		
1:	i. Wes Deceased Ever In U. S. Armed Forces? es,no or unknown) (If yes, give war or doles of servi NO	16. SOCIAL SECURITY NO. 030-09-437	17. INFORMANT 5 Records— US	PHS Hospital	ADDRESS Balto Md.	
	18.444.21+571.0	CAUSE OF DEATH			APPROXIMATE BETWEEN ONSE	INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Acuté bilat	eral broncho		lays
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	e.g., DUE TO, OR AS A	SE	neumonia	~ · · · · · · · · · · · · · · · · · · ·	idy 5
	ANTECEDENT CAUSES	Massi	ve small bowel	infarction &	One week	
	DISEASES OR CONDITIONS, il any, gir	ring DUE TO, OR AS	A CONSEQUENCE OSepti	cemia	0210 117021	**********
	rise to the obove cause (A) stoting UNDERLYING CONDITION last.	(c) Mesent	ery vessel thro	mbosis	One we	ek
AMON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	Laennec's	cirrhosis portal hyperten	sion	2 yrs.	
CEPTIEIC ATION	194-DATE OF OPERATION 198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?	
I V	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	218. PLACE OF INJURY fe.g., in home, farm, foctory, street, off etc.)	or about 21C. WHERE DID	(If In Boltimore	City, give exect lecetion)
AAEDI	21D-TIME (Month) (Doy) (Yeo) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJ	URY OCCUR!		
	22. I certify that (1) (this hospital) attended		Dec. 10	19 71 to Dec.	18	19_71_
	that (1)/(we) lost saw the deceased office			at In (my)/(our) opini	ton deoth occurred o	n the dote
	and hour and from the causes stated above	o. (i) (We) (did) (did/piot)/vi	ew the body ofter death.			
	Wobert & Wright	MJ DEGREE Phys.	ding Med.	Staff X Phys.	238, DATE SIGNED 2/13/71	
	23% PHYSICIAN'S NAME (Type)		3D. ADDRESS	ol Dolds N	13	
24	Robert R. Wright, SA Sur	OFGREE	US PHS Hospit			
	KEMO A WE (Specify)	NAME of CEMETERY of CRE			, fown, or county)	(Stote)
25	REMOVAL 12/13/71 A. DATE RECE BY HEALTH DEPT. 258, NAM	Lynchburg, VI	Irginia	Lynchburg,	Virginia	
		Ben M.D.	Ullrich Fur	neral Hmme	4210 Rela	24505 ir Rd.
VS	150-REV. 1/1/68		Vallacin I di	TOTAL TIME	DC. a.	



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dy (1)	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or confribiting cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Underermined cause, (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
느픈 등 중국 중 [

	TODO IS ILIAN CEPTIEIC	ATE OF DEATH REG. NO.71 11727
	RTH NO.	ATE OF DEATH
	(Pe of Print) HUGHES, Della M.XXXXX	2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
11		A STATE B. COUNTY Florida
H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	V C
110		St. Petersburg D. INSIDE CITY LIMITS?
~	The Johns Hopkins Hospital	E. STREET AND NUMBER
		4610 Burlington Ave. North 33713
11	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr., 11 Under 24 Hrs., Months; Days Hours; Min.
11	Female Cauc. WIDOWED DIVORCED	1 8/28/06 65
do	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST ne during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Housewife	Lyndhurst New Jersey U.S.A.
	FATHER'S NAME Thomas Brady	14. MOTHER'S MAIDEN NAME
		Jennie Kehoe
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT
	NO 137-24-8394	St. Petersburg Fla. Francis M. Hughes 4610 Burlington Ave.
	18. 3 9 6 0 1 CAUSE OF DEA	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	PROFUSION SYNDROME
	(This does not mean the made of dying a a (A)IMMEDIATE C.	AUSE
	heort failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	S A CONSEQUENCE OF:
	ANTECEDENT CAUSES MITTHE	AL, ADRTIC, AND TRICUSSPID VALUULAR
	DISEASES OR CONDITIONS, if any, giving (8)	AS A CONSEQUENCE OF:
		MATIC HEART DISEASE 40mg
		THE MEAN 17/10/2015 70/2
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	PG 494 P44 B B B B B B B B B B B B B B B B B
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSYS (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING, CAUSES OF DEATHS
ERT	MITRAL STENSIS AND TH	COVID RECEIPT IN
AL C	OR CONTRIBUTING CAUSE OF	In or obout 21 C, WHERE DID (II in Boltimare City, give exact location) affice bldg., INJURY OCCUR?
U	DEATH (nonly medical examine)	
MEDI	21D. TIME IMonth) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
-	(APPROX.) While At Not Wh	ile 🔲
	22. I certify that (7) (this hospital) attended the deceased fram	December 8 1971 to Dec 16 1971
	that (1) (we) last saw the deceased alive an PEC 16	19 71 and that Island applican death accurred on the date
	and have and fram the causes stated above. (1) (We) (did) (did nat)	view the bady after death.
	23A. SIGNATURE	23B, DATE SIGNED
	Milliam Man Degree Ph	rending Med. Staff Director Phys. D Dec/6, 1971
	23C. PHYSICIAMS	23D. ADDRESS
	NAME (Type)William B. Laws, M.D.	The Johns Hopkins Hospital
244	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
	Removal 12/16/71 Hillside Cemeter	
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	
	DEC 20 1971 Vabus E. Varbey, M.D.	LORING BYERS FUNERAL DIRECTORS P.A. 8728 Liberty Rd. Randallstown, Maryland
VS	150-REV, 1/1/6B	

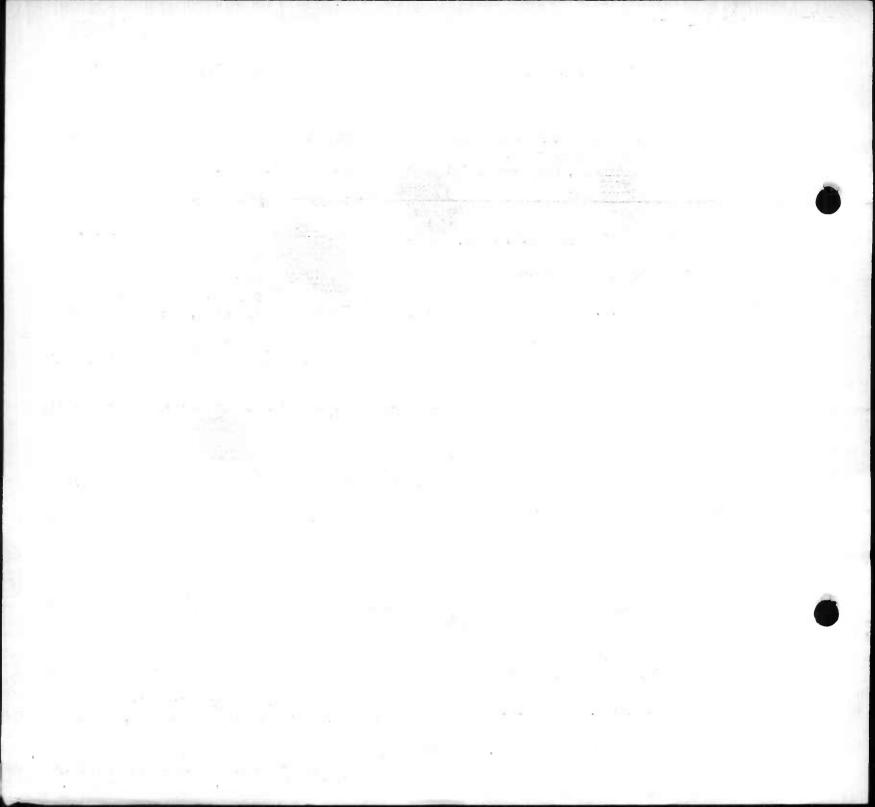


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	G-652 71 11728	}	HEALTH DEPARTMENT	X REG. NO	1 11728
	1. NAME OF DECEASED Type or Print CEORGE W	GRANGEE	DE CE	AND HOUR OF DEATH	10ty/ 235 0
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	010110000	4. USUAL RESIDENCE (WI	nere deceased lived. If in:	stilution: residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland	BALT	DE CITY LIMITS?
4	DSINAI HOSPITAL	OF	139 / 1m	ope	YES NO
	BALTIMORE, IN	G	E. STREET AND NUMBER	LAND A	VE 21221
	5. SEX 6. RACE WIDO	NEVER MARRIED DIVORCED	12-29-10	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if relired)		11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Ponitor-angles motor Freis	94	MD		USA
10	13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
	WILLIAM GRANSA	E	MARY	HOFFELD	
	15. Wes Deceosed Ever in U. S. Armed Forces? Yes, no or unknown? (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	VNK	212-095978		ANSEE	ABOVE
	18.	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	144551 VE	. PULHONAR	V EMBOLIO	sm 1
	(This does not mean the mode at dying, heart failure, asthenia, etc. It means the disc injury or camplication which caused death.)	e.g., DUE TO, OR AS A	A CONSEQUENCE OF:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>/£_/</u>
	ANTECEDENT CAUSES	CANCE	R OF THE	11116 6	PLEURAL FETIKU
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		1.55 V. M. C
	UNDERLYING CONDITION last.	(c) (C)	E PHLEB	1115	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	01/01/51			
	TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL CTULFAL	11 HIASIS	************	2000000000
	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED CHACEK	OR WHICH OPERATION	20A. AUTOPSY? IYes or h	10) 20B. IF YES, WERE F	INDINGS CONSIDERED
	U 21A ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY IE. g., in	G shout 21 C WHERE DID		
	DEATH (notify medical examine)	hame, farm, factory, street, aff	ice bldg., INJURY OCCUR?	(It in Baltimare	City, give exact lacation;
	OF INJURY	21 E INJURY OCCURRED While At Not While	21F. HOW DID IN	JURY OCCUR?	
	(APPROX)	Work L At Wark			
I	22. I certify that (1) (this hospital) attend	11111 /	1 2 8 1	19 71 10 Des	
	that (I) (we) last saw the deceased alive			•	Ian death accurred an the date
	and haur and from the causes stated abov	e. (I) (We) (did) (did not) vi	ew the body after death.		23 B. DATE SIGNED
	Ald reling	958 Machine Phys.	ding Med.	Staff 171	12/11/41
li	23C. PHYSI CIAN'S NAME (Type)	- COALL	3D. ADDRESS	Phys.	12/19/11
	D. MIRELMAI	V M.D GEGERE	SINAI HO	OSP. OF	BAITO
	KEAGOVAL (Specify)	C. NAME of CEMETERY OF CRE		The state of the s	, tawn, or caunty) (State)
	BURIAL 14/8/71	OAK LAWN		3 ALTO. M	0,
	DEC 20 1971	ALOSE TEGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
1	/S 150-REV, 1/1/68		J.G. COM	NELLY	300 MACE

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spital b of d s) Dece nce on eath.
be approved by the chief medical examiner or his assistant if death occurred in a hospital and sed to the hospital by a medical examiner. Also, if the direct or contributing cause of death nt of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased pital (except where the physician who pronounced death was in regular attendance on the sath); and (6) No physician was in regular attendance on the deceased prior to death. Such 1st be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any natures: (2) Body burns; (3) A fracture of any kind; (4) Undetermined owns D.O.A. at a hospital (except where the physician who pronounced death was in regular adeceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.

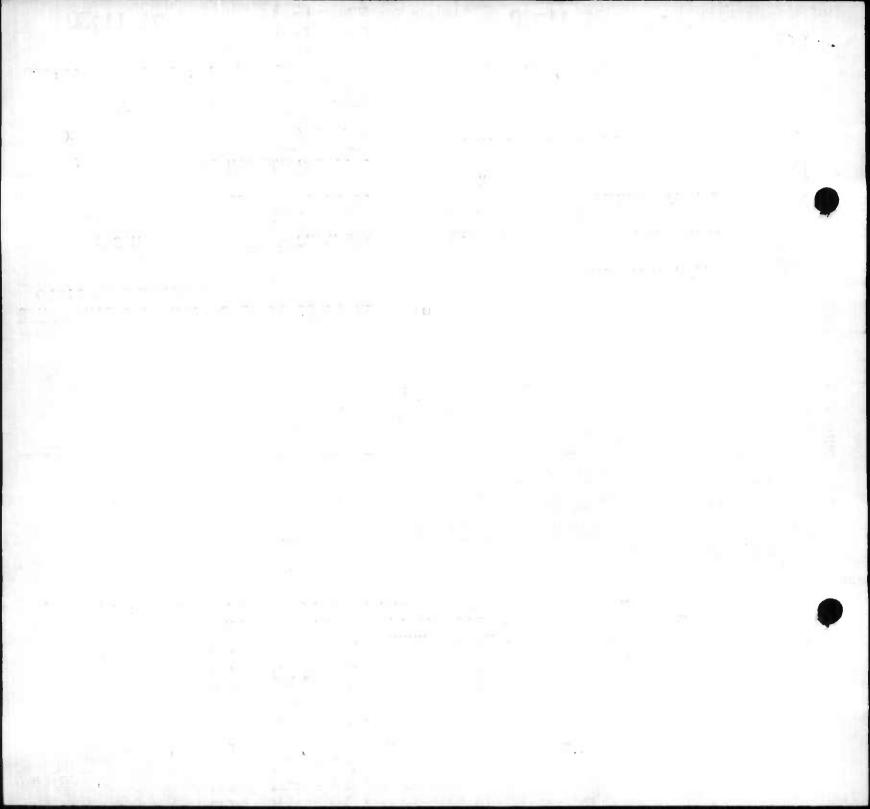
15-656	2	BALTIMORE CITY	HEALTH DEPARTMENT	X	PM 44 w00
BIRTH NO.	\T TT\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CERTIFICA	TE OF DEATH	REG. NO	71. 11729
1. NAME OF DEC	Thomas			NO HOUR OF DEATH	
	Robert Brinkman			mber 15, 19	
3. PLACE IN BAL	TIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE B. COU	VIY /	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	Maryland c. city or town	H K I D. INS	SIDE CITY LIMITS?
-3./	Baltimore City I	Hospitals	Havre Grace		YES NO NO
	4940 Eastern Av	enue	E. STREET AND NUMBER		
	Baltimore, Mary		Concord Cove	Apts.	
S. SEX	Caucasian 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE In years last birthdoy	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male	WIL	OWED DIVORCED	4-14-23	48	20,000
done during most of	UPATION (Give kind of work 10 B. K working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
		S. Govt. Retired	Maryland		U.S.A.
13. FATHER'S NAM		Jovo, Medited	14. MOTHER'S MAIDEN NA	ME	
John	Edward Brink	man	Mary	Charshee	
1)	Ever in U. S. Armed Forces? Uf yes, give wer or dotes of s		-		ADDRESS
Yes			K H-KACOYOS	940 Eastern	
In C	W.W.2	220 10 1497	E	Baltimore, M	aryland 21224
000	7.01	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DIRECTL		() t	- · A · / -	14/20
(This does n	al mean the made of dvina	(A) IMMEDIATE CAU	SE DEVELLE MOCE, A CONSEQUENCE OF:	re 17 augs	n Tough.
heart failure.	asthenia, etc. It means the displication which caused death	isease.	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	1. 1	1 locat .	1 2 1	1 -11
	R CONDITIONS, if any,	(B) MOUNT	A CONSEQUENCE OF	Leuken	ca 6 months
rise to the	abave cause (A) statin	giving DUE 10, OK AS	A CONSEQUENCE OF:		
	CONDITION last.	(c)			
_			0 0 -	,	
OTHER SIGNIF	CANT CONDITIONS CONTRIBUTED TO THE TERM	JTING ACUTE	Renol Fair	lane	6 hours
DISEASE OR CO	ONDITION GIVEN IN PART 1 (A) OPERATION 198 CONDITION				
OTHER SIGNIF TO THE DEATH DISEASE OR CO 19A-DATE OF 2	WAS PERFORME	D OF WHICH OPERATION	Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? Yes
OR CONTRIBIL	TING CAUSE OF	21B PLACE OF INJURY le.g., in	or obout 21C. WHERE DID	(If In Boltimor	e City, give exect location)
DEATH (nosity	medical examined	home, farm, factory, street, off	ice bidg. INJURY OCCUR?		
21D. TIME	(Month) (Doy) (Year) (Hou	d 21E INJURY OCCURRED	21f. HOW DID INJ	URY OCCUR?	
S OF INJURY		While At Not While			
22 contifu	that (1) (this hospital) atte	Wark At Work	24.12.	201 700	10
	last saw the deceased ally			19 71 to lee	13/ 19/
		re on	and th	at in (my) (our) api	nian death accurred an the dote
		ave. (i) (We) (did) (did nat) vi	ew the bady after death.		
23A. SIGNATUI	15 (/ 1/ L	4. 0			238 DATE SIGNED
	nam! Hung	M. DEGREE Phys.	Med. Director	Shaff Phys.	Dec. 15, (891
23C. PHYSICIAI NAME (Ty	N'S (pel	2	3D. Address Baltimor	ce City Hosp	oitals
		.D. DEGREE	4940 Eastern Av		imore, Maryland 2122
24A. BURIAL CREA REMOVAL (S	AATION, 248. DATE	24C. NAME OF CEMETERY OF CRES	MATORY 24D. LO		ty, town, or county) (Stote)
Burial	12/17/1971	Mt. Erin Cemeter	W Hor	ma Ha C	17 0 1 MJ
25A. DATE REC'D	-AMBRIDES / 1 / 1 / 1 / 1 / 1 / 1	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	re de Grace	Harford Nd.
DEC 20	1977 146.6	212-242	Penningion	& Son Havre	de Grace, Md.
VS 150-REV. 1/1/6	8				



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	e must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	andance on the	or to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
	ccurred in	ntributing	mined cau	egular atte	ised prior	mada
	t if death o	rect or co	(4) Undete	was in r	the deced	val must be obtained before the remains are embalmed or final disposition is made
PORTAN	iis assistani	o, if the di	any kind;	nced death	ondance on	d or final d
FUNERAL DIRECTOR: IMPORTANT	aminer or h	miner. Also	fracture of	ho pronou	egular atte	ambalme
AL DIREC	nedical exc	edical exa	burns; (3) A	hysician w	n was in r	'emains are
FUNER	the chief n	al by a m	; (2) Body b	nere the pl	lo physicia	sefore the r
	pproved by	the hospit	any nature	(except w	and (6) N	obtained
	must be a	released to	scident of	a hospital	to death)	al must be

BALTIMORE CITY HEALTH DEPARTMENT 71 11730 CERTIFICATE OF DEAT I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) BROWN AUDREY

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DECEMBER USUAL RESIDENCE (Where deceased lived. If institution: residence STATE B. COUNTY A. STATE MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ARUNDEL ANNE C. CITY OR TOWN D. INSIDE CITY LIMITS? PASADENA YES NO X ST AGNES HOSPITAL E. STREET AND NUMBER 1711 TWICKENHAM RD (LONG POINT) 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours Months Doys lost birthdoy FEMALE WHITE WIDOWED 52 DIVORCED 10 20 19 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE OMN HOME MARYLAND 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME WILLIAM HARTEN VELVERNON BAUMANN 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL BALTIMORE ARBSESS 21229 (Yos, no or unknown) (If yes, give wor or dates of service) SECURITY NO. NO ST AGNES RECORDS WILKENS & CATON AVES unknom CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury at complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving CONSEQUENCE OF rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) DEATH (notify medical examined MEDI 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At p (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from DECEMBER 15 19 71 to DECEMBER 16 and haur and from the causes stated above. (N (We) (dld) (and Nath View the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending [Med. Shaff Phys. Director 23C. PHYSICIAN'S the body was r shows: (1) An a was D.O.A. at deceased prior written approv 23 D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) 71 BALTIMORE NATIONAL 1258 HAME OF REGISTRAR 125C. 1 BURIAL DEC. 20/ BALTIMORE MARYLAND FUNERAL DIRECTOR SINGLETON Ben M.D. HOME GLEN BURNIE, MARYLAND VS 150-REV. 1/1/68



This cortificate must be approved by the chief medical examiner or his assistant if death of curred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

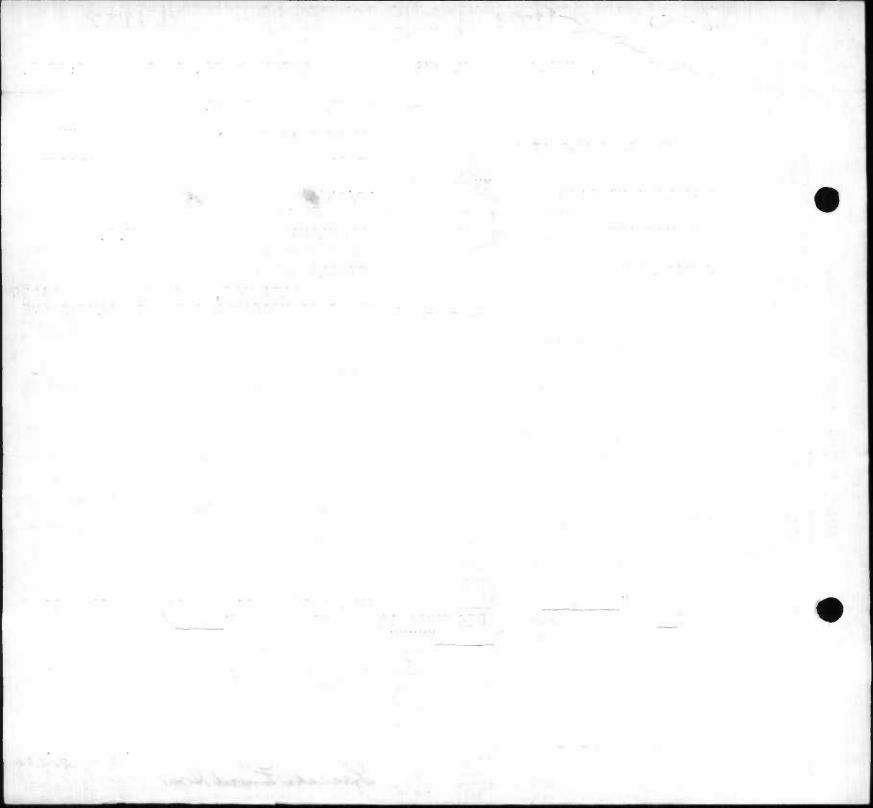
7)290 194 44 m 94	CATE OF DEATH REG. NO. 71	1731
1.	NAME OF DECEASED Pe of Print) DIXON (CLYDE)	2. DATE AND HOUR OF DEATH	1205A M
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE B. COUNTY	residence before admission)
ΗН	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	CROWNS VILLE STATE	HOSPITAL
l i	UNIUZRSITY OF Md. HOSPIT		NO E
	ABOUTOD + GREENZ ST.	E. STREET AND NUMBER	704
	6. RACE N 7. MARRIED WEVER MARRIED WIDOWED DIVORCED	120/26 /	der 1 16. if Under 24 His.
t0.	USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (State or lareign country) 12. Cl	TIZEN OF WHAT COUNTRY?
U	NEmployed	BAHIMOYE MANYLAND	U.S.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	la il al
1/2	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	BerthA HILL 131 Note	1
(Ye	s, no of unknown) (If yes, give wor of doles of service) SECURITY NO.	17. INFORMANT (Brother)	ADDRESS
	/ES W W 1 220-12-90 CAUSE OF DI	I CAY PIXON 1631 LAM	ISING ITVE,
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH) A	APRIDXIMATE INTERVAL BETWEEN ONSET AND DEATH
	This does not meen the mode of dying e.g. (A) IMMEDIATE	CAUSE / Warult and	
	heart lailure, asthenia, etc. If means the disease, injury or complication which caused death.)	AN A GONZEGUENCE OF:	
	ANTECEDENT CAUSES		
1	DISEASES OR CONDITIONS, il ony, giving DUE TO, OI rise to the above cause (A) stating the	R AS A CONSEQUENCE OF:	0.0000000000000000000000000000000000000
	UNDERLYING CONDITION last. (C)		
Z			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
ERTIFIC.	19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED
ERT	DILLA TI LESPIRATORIO DISCIFFIC	IRACY YES	
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e home, form, foctory, stree peach in the pea	go, in or obbut 21C, WHERE DID (II In Bottimore City, g t office bidg., INJURY OCCUR?	tve exoct location)
MEDIC	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
8	(APPROX.) White At Work Not Work	While Ork	
	22. I certify that (I)(this hospital) attended the deceased from	11/23/7/ 19 10 12/	/7197/
	that (I) (we) lost saw the deceased olive an (2)	19ond that in (my) (aur) opinion de	oth occurred on the date
	and hour and from the couses stated above. (1) (We) (did) (did na	t) view the body ofter death.	
	23A. SIGNATURE MN	Aug to the second secon	ATE SIGNED
	23C. PHYSICIAN'S	Phys. Director Phys. 2	11711
	JEFFARY SAMVELS MD	Bai To h	L MS FITTE
24/	DEG	CREMATORY 24D, LOCATION (City, town,	or county] (Stote)
B	UTIAL V2/21/7/ WIT, CALVARY	CEMETARY FAME FRUNDE/ CO.	MARY/ANd
25/	DATE REC'D BY HEALTH DEPT. 258 MAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDIESS
	JE (2 () 19/1 Occosed 4	WILLIAM J. Spicer 1639 N.	Broad way
- VS	150-REV. 1/1/6B		

Adm. 11/12/71 934 McDond64 St 21205

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-350 71 11732 BALTI	TIMORE CITY HEALTH DEPARTMENT TREG. NO. 71 11732
BIRTH NO. CER	RTIFICATE OF DEATH
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) BODEN, THELMA GLAD	DYS DECEMBER 14, 1971 5:00 P.
3. PLACE IN BALTIMORE, MARYLANO, WHERE PRONDUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. CDUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	MARY AND CARROLL
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
ST AGNES HOSPITAL	WESTMINISTER YES NO KX
TO ST AGNES HOSPITAL	RT #2 21157
5. SEX 6. RACE 7. MARRIED X NEVER M	AARRIED S. DATE OF BIRTH 9, AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
	VORCED 10/04/10
IOA, USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS Of done during most of working life, even if retired)	DR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN DE WHAT COUNTRY?
HOUSEWIFE HOME	MARYLAND U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES WOOD	ESTELLA LAUDENKOS
15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown()(III yes, give war or dates of service) SECURITY	
NO SECURITY 213-05	and Annume transferred and an array of the second
	E OF DEATH
	WHEMING SEPSIS, BETWEEN ONSET AND DEATH
LEADING TO DEATH	MEDIATE CAUSE ACUTE REVAL FAILURE 5 DAYS
This does not mean the mode of dying, e.g.,	UE TO, OR AS A CONSEQUENCE OF:
I injury of complication which caused death 1	OP: REVERSE GASTRO-ESOPHAGEAL IL DAYS
ANIECEDENI CAUSES	Pass FOR CARCINOMA OF ESOPHAGUS
DISEASES OR CONDITIONS, if any, giving	JE TO, OR AS A CONSEQUENCE OF:
unse to the above cause (A) stating the UNDERLYING CONDITION last. (C)	HKONIC COTTYENS ATORY RENAL FAILURE - WKNOM.
II CTA	GEIN CARCINAMA OF UTERINE
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	(ERVIX. 2 YKS.

WAS BEDECOMASED	ATION 20A AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN	NJURY (e.g., in or about 21 C. WHERE DID (If In Boltimore City, give exact (acation)
DEATH (notify medicol examiner) home, farm, factor	ory, street office bldg. INJURY OCCUR?
21D.TIME (Month((Doy) (Year) (Hour) 21E INJURY OCC	CURRED 21F. HOW DID (NJURY OCCUR?
S OF (NJURY While At	Not While
Work LJ	At Wark
22. I certify that (1) (this hospital) attended the deceased	
that (X) (we) last saw the deceased alive an DECEM	The state of the s
and how and from the causes stated above. (1) (We) (did)	Laid not view the bady after death.
23A/SIGNATURE	23B, DATE SIGNED
Durcian Walan Still Vy	Attending Med. Stoff Phys. 12 Tucc 1971
23C.PHYSICIAN'S	23D. ADDRESS
NAME (TYPE THORN MALAISR	RIEMO TI TAMES TROOP
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME REMOVAL (Specify)	DEGREE ETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 12-17-71 Parkwood Co	Cemetery Parkville Balto. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
DEC 20 1971 Robert & Jabber M.D.	Lassels Taneral Home 7401 Belair Rd
V\$ 450=REV. 1/4/68	



18.
2. DATE AND FOUR OF DEATH DEC MBE R 16 , 1971 12:45 A . M. A. LOUNT STREET AND READ AND ANTIAND, WHERE PRONOUNCED DEAD AND ANTIAND, WHERE PRONOUNCED DEAD AND ANTIAND, COLORATION, COVE STREET AND NUMBER AND ANTIAND, COLORATION, COVE STREET AND NUMBER AND ANTIAND OF THE ADDRESS OF LOCATION, COVE STREET AND NUMBER AND AND ANTIAND ANTIAND AND ANTIAND AND ANTIAND AND ANTIAND ANTIAND AND ANTIAND
A USUAL RESIDENCE (Where deceased lived. II institution residence before odmission) ANAMED PROT IN HOSTITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STAGNES HOSPITAL A FACE A FACE A FACE A MARRIED NEVER MARRIED A DIVORCED TO WINDSOR MILL ROAD 21207 STAGNES HOSPITAL A FACE A FACE A MARRIED NEVER MARRIED TO WINDSOR MILL ROAD 21207 STATIMARE STREET AND NUMBER 7107 WINDSOR MILL ROAD 21207 STATIMARE A FACE A FACE A MARRIED NO WINDSOR MILL ROAD 21207 STATIMARE A FACE A FACE A MARRIED NO WINDSOR MILL ROAD 21207 STATIMARE STATIMARE A CAUCASIAN WINDSOR MILL ROAD 21207 MARRIED NO WINDSOR MILL ROAD 12-26-94 MARYLAND 12-26-94 MARYLAND USA STATIME'S MADEN ROAD 12 CITIZEN OF WHAT COUNTRY MARYLAND USA STATIME'S MADEN ROAD 12 CITIZEN OF WHAT COUNTRY MARYLAND USA STATIME'S MADEN ROAD 13 MARYLAND USA STATIME'S MADEN ROAD MARYLAND USA STATIME'S MADEN ROAD 14 MOTHER'S MADEN ROAD MARYLAND USA STATIME'S MADEN ROAD 15 MARYLAND USA STATIME'S MADEN ROAD 16 MOTHER'S MADEN ROAD MARYLAND USA STATIME'S MADEN ROAD 17 INFORMANT RECORD 'S BALT IMORE ENVIRONMENT RECORD SEATO NO 22005 7400 ST AGNES HOSPITAL WILKENS & CATON AV ARRICANARY HITEWAY ARRIED MARYLAND USA STATIME'S MADEN ROAD 16 MOTHER'S MADEN ROAD 17 INFORMANT RECORD SEATO MARYLAND USA STATIME'S MADEN ROAD 18 MOTHER'S MADEN ROAD 19 DISTASE OR CONDITION DIRECTLY LEADING TO CHARLE WILKENS SE TONDUS CONTRIBUTION CAUSE OF DEATH CAUSE OF DEATH ARRIED TO MARY SHATE MADEN ARRIED TO MARY SHATE MADEN ARRIED TO MARKET MADEN MARYLAND 18 MOTHER'S MADEN MARYLAND 19 LI CERTEN C. II HUMB'S MADEN ROAD 10 LI CERTEN C. II HUM
RULL NAME OF ADDRESS OR LOCATION INSTITUTION, GIVE STREET AGNE S HOSPITAL OR LOCATION IN MORE TO THE THE THREE TO THE THREE THREE TO THE THREE THREE TO THE THREE TH
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E. STREET AND NUMBER TO 7 WINDSOR MILL ROAD TO 7 WINDSOR MILL ROA
TO THE SIGNIFICANT CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of disping, edge, heart follow, eatherd, etc. it means the dispecse, industry CONDITION last. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of disping, edge, heart follow, eatherd, etc. it means the dispecse, industry or CONDITION last. DISEASES OR CONDITIONS, if any, giving size to the above cause (A) stolling the UNDERLYING CONDITION last. DISEASE OR CONDITION Nas. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of disping, edge, heart follow, eatherd, etc., it means the dispecse, industry or completions which caused dech.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving size to the above cause (A) stolling the UNDERLYING CONDITION last. DISEASE OR CONDITION last. DISEASE OR CONDITION Nas. DISEASE OR CONDITION Mas. DISEASE OR CONDITION
MALE CAUCASIAN WIDOWED DIVORCED 12-26-94 76 ALUSUAL OCCUPATION (Give bind of work 10 R, RIND OF BUSINESS OR INDUSTRY 12, BIRTHPLACE (Stole or foreign country) PAINTER SLAF CMP. MARYLAND JESS CHANEY JESS CHAN
MALE CAUCASIAN WIDOWED DIVORCED 12-26-94 76 ALSUAL OCCUPATION (Given bind elverthing) (RIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) PAINTER Set (mp. 12, Citizen of What Country) MARYLAND USA 12, Citizen of What Country MARYLAND USA 14, MOTHER'S MADEN NAME JESS CHANEY
APPRINTER Self Emp. MARYLAND USA
ANTECDENT CAUSES DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stoling the UNDERLYING CONDITION feel. DISEASE OR CONDITION MEET. DISEASES OR CONDITION MEET. ANTECDENT CAUSES DISEASES OR CONDITION MEET. DISEASES OR CONDITION MEET. ANTECDENT CAUSES DISEASES OR CONDITION MEET. DISEASES OR CONDITION MEET. ANTECDENT CAUSES DISEASES OR CONDITION MEET. DISEASE OR CONDITION MEET. ANTECDENT CAUSES DISEASE OR CONDITION MEET. DISEASE OR CONDITION MEET. ANTECDENT CAUSES DISEASE OR CONDITION MEET. DISEASE OR CONDITION MEET. ANTECDENT CAUSES DISEASE OR CONDITION MEET. DISEASE OR CONDITION MEET. ANTECDENT CAUSES DISEASE OR CONDITION MEET. DISEASE OR CONDITION MEET. DISEASE OR CONDITION MEET. ANTECDENT CAUSES DISEASE OR CONDITION MEET. DISEASE OR CONDITION MEET. TO THE DISAN DISPATOR OF MEET. TO THE DISAN DISPATOR O
JESS CHANEY DEC ID (BIRD) ELIZABETH DEC ID S. Was Daceased Ever in U. S. Armed Forces? Test, not of unknown) [If yes, give wer or dries of service) NO 10. SOCIAL SECULITY NO. 220 05 7400 ST AGNES HOSPITAL WILKENS & CATON AV APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, astherid, etc. if means the disease, injury or complications which caused desth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tiss to the above cause (A) staling the UNDERLYING CONDITION last. COLUMN CONDITION Is at the condition of the property of the DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION (SVEN IN PART 1 A). 10. THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION (SVEN IN PART 1 A). 11. ACCIDENT WAS UNDERLYING WAS PERFORMED 21. A. A. CCIDENT WAS UNDERLYING DEATH IN COLUMN C
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that XIX(we) last saw the deceased alive on DECEMBER 16, 19 71 and that In(XXX (our) opinion death occurred on the date
and hour and from the causes stated above X(N (We) (did) (XXXX view the body after death.
23A. SIGNATURE 23B. DATE SIGNED
1.) Mal Attending Med. Stoff Phys. 12/16.71
23C-PHYSICIAN'S NAME (Type) 23D. ADDRESS BALTIMORE MD 21229
JACOBUS J. MOL, M.D. DEGREE ST AGNES HOSPITAL WILKENS & CATON AVE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 12-18-71 Larraine Woodlawn Balto. Md.
Burial 12-18-71 Lorraine Woodlawn Balto. Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Stansbury Funeral Home, 6411Windson Mill

6 TELEVILLE (TOTAL) ALBERT 1 015 36 ALCOHOL FOR INCIDENT

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Higinbothom Slack, Ellicott City, Md. 21043

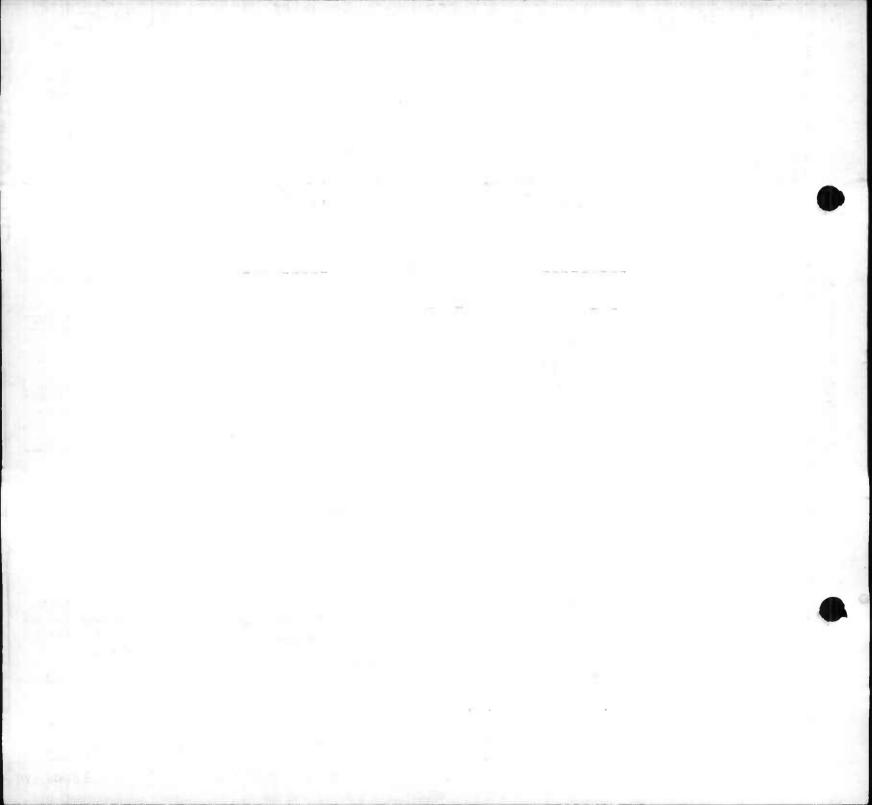
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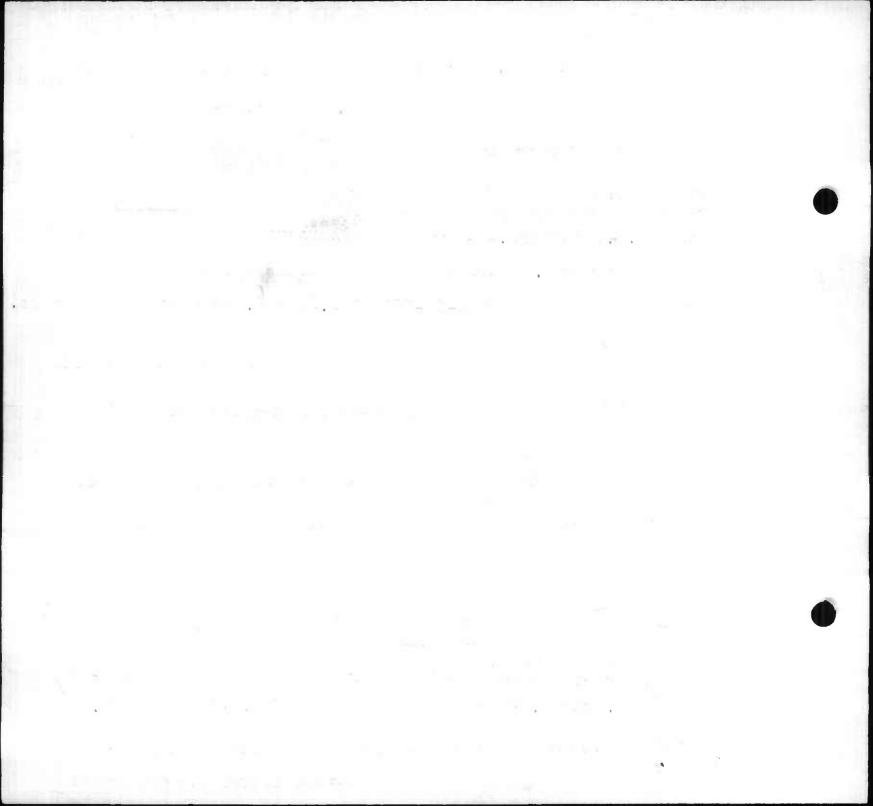
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

11			BALTIMORE CITY	HEALTH DEPARTMENT		M4 44 m05
BIRTH NO.	71 11	735	CERTIFICA	TE OF DEATH		71 11735
1. NAME OF DECE (Type er Print)	EDWARL)].	HALL.	2. DATE A	and hour of death $4/7/$	850 PM.
3. PLACE IN BALT	MORE MARYLAND, V	HERE PRONO	UNCED DEAD	A. STATE B. CDU	ere ¹ deceased lived. If i	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	MARY LAND	D. INS	GIDE CITY LIMITS?
yoth				BALTIMOI	SE	YES 🛛 NO 🗌
UNION) MEMOR	IAL I	HOSPITAL	600 VENI	ABLE AV	€.
5. SEX	6- RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lest birthday)	Months: Days Hours Min.
Made	White	WIDOWED	DIVORCED	Sep 22,1905	66 yrs	
	PATION (Give kind of working life, even if refired)	108, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fo		12. CITIZEN OF WHAT COUNTRY?
GARDIN	1 - 0	Self	Employed	VIRGINIA	•	USA.
13. FATHER'S NAM	E	1		14. MOTHER'S MAIDEN NA	AME	
25/1/2	DAKINDIL	44 77 75	liam Hall	MAKNO	WW Mary	Paine
(Yes, no or unknown)	Ever in U. S. Armed For Of yes, give war or dote	cos? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			218-14-9505	MRS LEONA	HALL	SAME AS ABOV
18. 4/12	41		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH
	OR CONDITION DI	RECTLY		0-1-1-1		
	EADING TO DEATH t mean the mode of	duing on	(A) IMMEDIATE CAL	SE CONGESTIVE	HEART FAI	LURE)
heart foilure, a	sthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		(2,,,,,,
	lication which caused NTECEDENT CAUSES		4	SCVD.		7 2 years
			(B) // (B)	A CONSEQUENCE OF:	90009800004000000000000000	V.
rise to the	above cause (A) CONDITION last.		(c)	HONIC OBSTR	NOTIVE LU	NG DISEASE
	11					
OTHER SIGNIFIC	CANT CONDITIONS CO					
DISEASE OR CO	NDITION GIVEN IN PAI	T 1 (A).	WIII 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1904 - 411-20-20-07	Law and the war assess	
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF C	WAS PER		WHICH OPERATION	YES .	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUT	TWAS UNDERLYING THE CAUSE OF medical examined	21 B horn etc.	PLACE OF INJURY le.g., ine, farm, factory, street, of	n or obout 21 C. WHERE DID fice bidg. INJURY OCCUR?	(If In Bellimo	re City, give exect location)
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hous 21 E	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPRDX)		Wh	ile At Not While	•П		
22. I contify t	hat((1) this hospita			5	10 70 10	12/14 19.7/
	ost saw the decease		12/14			Inion death occurred on the date
			() (We) (did) (did not)	lew the body after death		THIOH GEOM SECOMES ON THE SOLE
23A. SIGNATUR		0	7,	tow the body effer econs		23B, DATE SIGNED
Un	ne f.	Leddy	Phys	nding Med.	Staff Phys.	12/14/71
23C. PHYSICIAN	rs	10,000	DEGREE	23D. ADDRESS	ruya —	
NAME (Ty		v. M	.D.	Union Men	rorial Hoss	pital
24A. BURIAL CREM REMOVAL (Sp	ATION, 1248, DATE	0 3	AME of CEMETERY of CRI	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
Burial	12/18/	71 Lo	rraine Park	Cemeterr	Reltimone	Manuland
25A. DATE REC'D	BY HEALTH DEPT.	258 NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	Baltimore,	Maryland ADDRESS
DEC 20 1	971 (1464.8 8	Mauren	M.B.	Donovan Fr	meral Home	e 3818 Roland Ave
V\$ 150-REV. 1/1/6	8	7				



C-150	571 11736	3		TY HEALTH DEPARTA		. 71	11736	
1. NAME OF DEC	Robert	В.	Chapman		DATE AND HOUR OF D	EATH	11.30	
3. PLACE IN BALT	IMORE MARYLAND, W		00	4. USUAL RESIDEN	CE (Where deceased liver	d. If institution	residence below	A M
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT			Md.	Baltimore	. INSIDE CITY	27	12
00	5400 Willo	mere Way		Baltimore E. STREET AND NO.		YES [2	NO NO]
s. sex Male	White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 3/25/18	9. AGE (In years	II Und	der 1 Yr. If Ur s Days Hours	nder 24 Hrs.
dane during mast of w Retired	PATION (Give kind of work varking life, even it retired) $V_{ullet}P_{ullet}T$		BUSINESS OR INDUSTI	MARYL		12. CI	TIZEN OF WHAT	COUNTRY
13. FATHER'S NAM	_	O1		14. MOTHER'S MAI				
16 W- D- 1	ROBERT B	-	apman		INDAHAYES			
(Yes, no or unknown)	Ever in U. S. Armed Ford (II yes, give wor or dote:	s of service)	13-10-36	17. INFORMANT	RY C.Cogsw	ELL OI	LD COUL	RT RD
184/12.	3		CAUSE OF DEA	TH			APPROXIMATE	
(This does no heart failure, c injury or comp	E OR CONDITION DIR LEADING TO DEATH DI mean the mode of ostheria, etc. It means olication which coused NTECEDENT CAUSES	dying, e.g., the diseose,	(A) IMMEDIATE CA	S A CONSEQUENCE OF:	EROTIL HEART ERIOSCLEROS		2 42	
rise la lhe	R CONDITIONS, if above cause (A) CONDITION last,	ny, giving slaling the	(C)	S A CONSEQUÊNCE O				
TO THE DEATH	II CANT CONDITIONS CON BUT NOT RELATED TO TH DIDITION GIVEN IN PART	E TERMINAL			, ABDOMINAL	*************************	6 MOS	-0 **** ***********************
19A.DATE OF	OPERATION 198. CONE WAS PERF	DITION FOR WED	TICH OPERATION	20A. AUTOPSY? (Y	es or No. 208, IF YES, W	CAUSES OF	S CONSIDERED DEATH?	
OR CONTRIBUT	T WAS UNDERLYING [] TING [] CAUSE OF medical examines)	21 B. Pl home, elc.)	farm, foctory, street,	in or about 21 C. WHERE affice bldg., INJURY OC	CUR? (If In 8a	ltimore City, gl	ve exoct lacotion	
OF INJURY	(Monthi (Dayl (Year)		AL NOT WE	ile	DID INJURY OCCUR?			
22. I certify t	hat (I) (this hospital)	attended the		DEC 5	1953 to 1	EC /5	1	10 7/
	ast saw the deceased		DEC 15	197/	and that In(my)		oth occurred a	n the date
and have and	from the causes state	ed abave. (1)-	(We) (dld) (314-not)					
23A. SIGNATUR	Them V	Tons	Mr. DEGREE Ph	ending Med.	r Staff Phys.	23 B, DA	TE SIGNED /7	,
23 C. PHYSICIAN NAME ITY	DR. JOHN A	Score		1	OO W.BELVE	DERE	AVE.	1
24A. BURIAL CREM REMOVAL (Sp Burial	12/18/7		ME of CEMETERY of CI	EMATORY	24D. LOCATION	(City, tawn,	·	(State)
2SA. DATE REC'D I		SB. NAME OF		25C. FUNERAL DI	Reistertown RECTOR	Rd Pike	ADDRESS	Md
DEC 20	971 7 6 8	, Falley	Ar.d.	Mitchell	Wiedefeld Ho	ne 6500	York Rd	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased previtten approval must be obtained before the remains are embalmed or final disposition is made.	

	1-340 71 11		TY HEALTH DEPARTMENT ATE OF DEATH REG. NO. 1 1	1737
	BIRTH NO.	737 CERTIFICA	AIL OI BLAIII	
	Type or Print LITTLE BOOK	OUKONOX F. Eunice	2. DATE AND HOUR OF DEATH	1 /2
	3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dedeosed lived. If institution A, STATE B, COUNTY	on: residence before admission)
	FULL NAME OF (IF NOT IN HOSI HOSPITAL OR ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET	Md. Balto	1303
	HOSPITAL OR ADDRESS OR LO	CATION)	C. CITY OR TOWN D. INSIDE CIT	
100	Will Concel de	0.0	BALTO YES	NO NO
	Maryland General Ho	₩·	1908 Mt. Royal Terrace	
1	S. SEX 6. RACE	7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (in years If U last birthday) Man	Inder 1 Yr. If Under 24 Hrs. Hours Min.
	IOA, USUAL OCCUPATION (Give kind of widdene during most of working life, even if retired	ork 108, KIND OF BUSINESS OR INDUSTR		CITIZEN OF WHAT COUNTRY?
	Homemaker	"	MD	USA
Ī	3. FATHER'S NAME Willia	- W-	14. MOTHER'S MAIDEN NAME	
L			AdeleKennedy	
1	5. Was Deceased Ever in U. S. Armed F Yes, no or unknown) (If yes, give wor or do	forces? oles of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No		William S. Little 1908 Mt. Ro	
	DISEASE OF CONDITION E	CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEAT	H (ANIMMEDIATE CA	AUSE Pulmonaus Enviolis	2.66
	lThis does not mean the mode of heart failure, asthenia, etc. It mean	of dying, e.g., DUE TO, OR A	S A CONSEQUENCE OF:	2 (1)
	injury of complication which cause	ed death.)		
	ANTECEDENT CAUSI	(R) (3 P(5)	Ga-pene Q fost	3465
	rise to the above cause (A	sloting the		
	UNDERLYING CONDITION last.	(c) PU()	Joens.
	OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PARTIES OF CONDITION GIVEN IN PARTIES CONDITION GIVEN	THE TERMINAL ALLUNIA	, lypoputienence, Azokuia	V
-	19A. DATE OF OPERATION 19R. CO	PNDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or Na) 20B IF YES, WERE FINDIN IN CERTIFYING CAUSES C	GS CONSIDERED
ŀ	SD12//4/1(garrend (R) fort	Yes	
	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	elc.)	in or obout 21 C. WHERE DID (II In Boltimore City, office bldg., INJURY OCCUR?	give exact location}
	21D. TIME (Month) (Doy) (Yeor OF INJURY IAPPROX.)	d (Hous) 21E INJURY OCCURRED While At Not West Wark At West		
l	22. I certify that (I) (this hospite		12/10 19 2/ 10 12	15 1971
	that (1) (we) lost sow the deceos		19 7 (ond that In (my) (our) opinion d	
ŀ		oted obove. (1) (We) (dld) (dld not)		
	23A. SIGNATURE			PATE SIGNED
	23C. PHYSICIAN'S	Well MD DEGREE PH		2/15/71
	NAME (Type)	1 / 110	23D. ADDRESS	
2	4A. BURIAL CREMATION, 124B. DATE	24C. NAME of CEMETERY OF CI	REMATORY 240, LOCATION (City, town	
	REMOVAL (Specify)			n, or county! (Stote)
2	Burial 12/18	/197 Greenmount Ceme	25C. FUNERAL DIRECTOR	ADDRESS
	DEC 20 19/1	a. vacasay a.v.		00 York Rd
V	S 150-REV. 1/1/68			

attendance on the

a hospital and

or his assistant if death occurred in

kind; (4) Undetermined cause; (5) Deceased

was in regular

was D.O.A. at a hospital (except where the physician who pronounced death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any

This certificate must be approved by the chief medical examiner

to the hospital

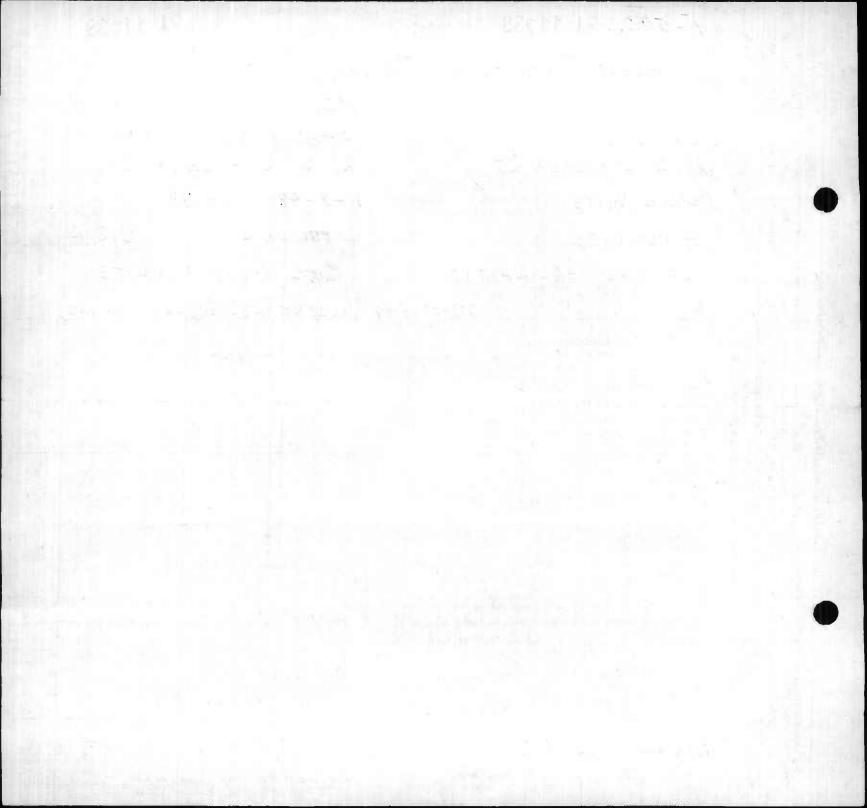
the body was released

DEC 20 19 VS 150-REV. 1/1/6B

contributing

1	BALT	IMORE CITY HEALTH DEPARTMENT
	T-522 71 11738 CFR	RTIFICATE OF DEATH REG. NO. 21 11738
2	BIRTH NO. I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Su	(Type or Print) ADELE TAMASAUSKAS	(THOMAS) 12-14-1971 6:45 P.M.
eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	(, , , , , , , , , , , , , , , , , , ,
de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE	112
0	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	00	E. STREET AND NUMBER
prior le.	21 S. STRICKER ST	21 S, STRICKER ST.
0	S. SEX 6. RACE 7. MARRIED NEVER M	MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
deceased tion is ma	U DITTE VITE	ORCED 11-8-98 73
ece on i	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS Community of working life, even if retired)	
	HOUSEWIFE	LITHUANIA U.S.A
dispos	The same	
d. b	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give war or dates of service)	TY NO. , / T
ance r fin		E OF DEATH APPROXIMATE INTERVAL
attendance med or fina	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
me	LEADING TO DEATH (This does not mean the made of dying, e.g., (A)th	MEDIATE CAUSE MESSICE Myocorded!
	heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	UE TO, OR AS A CONSEQUENCE OF:
gular emba	ANTECEDENT CAUSES	a.S. Heart descere CUF.
re c	DISEASES OR CONDITIONS, if any, giving	UE TO, OR AS A CONSEQUENCE OF:
E S	rise ta the abave couse (A) stoting the UNDERLYING CONDITION last. (C)	
was		
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ne r	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER	RATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
physician fore the re	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF	INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exoct location) ory, street, office bldg., INJURY OCCUR?
No Pe	DEATH (notify medical examiner)	
(6) ined	DF INJURY (Month) (Doy) (Yeor) (Hour) 21E, INJURY OC	CCURRED 21F. HOW DID INJURY OCCUR?
0 0	(APPROX.) Work	At Work
obt	22. I certify that (1) (this hospital) attended the decease	
h)	that (I) (we) lost sow the deceased alive on	
death); must be a	ond hour ond from the couses stoted obove. (1) (We) (did	(did not) view the body after death.
D E	Thereeles Interview	Attending X Med. Staff 19 124 21
DAG DAG	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
prior to pproval	STANLEY ANKLIDAS	5 DEGREE 1101 Maiden Choice La Bullo 2130
a d	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEN	NETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
eceased prior to ritten approval	BURIAL 12-18-71 New Cather	dral Cemeterny Old Frederick Kd. Balto mil
rit	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	R 2SC. FUNERAL DIRECTOR ADDRESS
₹ 0	DELLEGIES OF THE PROPERTY OF THE PARTY OF TH	Thomas Tenny Inc 1600 Holling Alreet

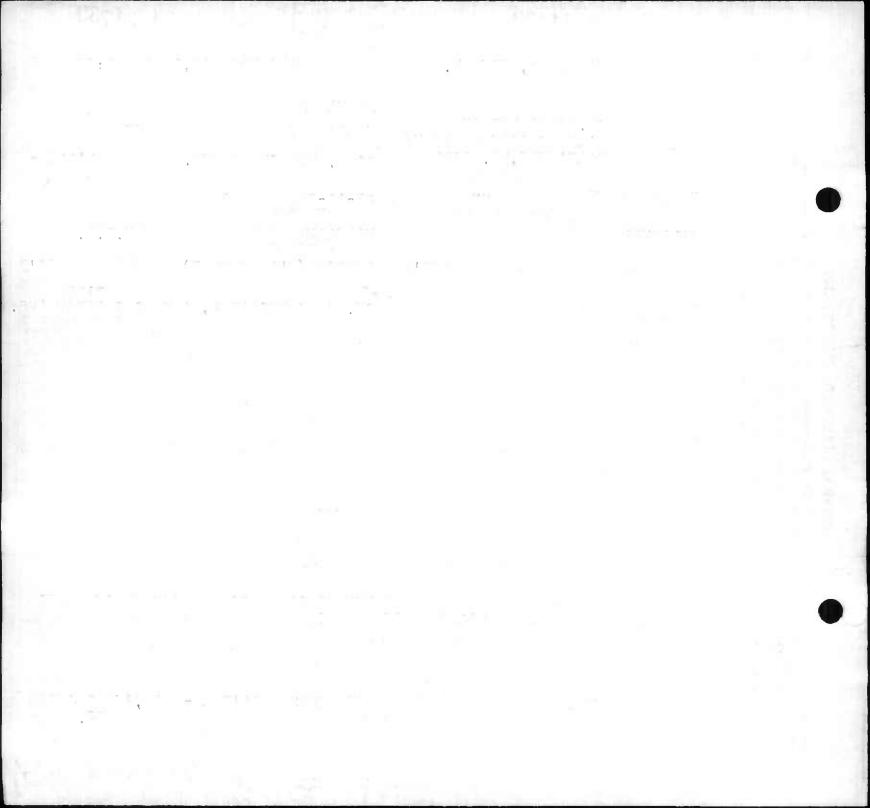
nny



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

1.) 150 mg 44m20	BALTIMORE CITY	HEALTH DEPARTMENT	71 11739
W-452 71 11739	CERTIFICA	TE OF DEATH REG. NO.	17 11/00
BIRTH NO.		2. DATE AND HOUR OF DEATH	
(Type or Phint) WILLIAMS, E	TTA M.	DECEMBER 15,19	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in:	stitution: residence before admission)
FULL NAME OF (IF NOT (N HOSPITAL OR (NS)	TTUTION, GIVE STREET	MARYLAND	- A O T /
INSTITUTION ST, AGNES HO	SPITAL	D. (NS)	YES XX NO
WILKENS &CA	TON AVENUE	E. STREET AND NUMBER	YES XX NO
BALTIMORE,	D. 21229	11 N. MONASTERY AVE.	21229
5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday)	Months! Days Hours Min.
FEMALE WHITE WOOM	DIVORCED	07-13-98 73	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working (ife, even if retired) HOUSEWIFE	140115	MARYLAND	U.S.A.
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN NAME	
JACOB MARKS	DEC 'D	LOUISE (HILDEBRANDT)	DEC 'D
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give war or dates of service	SECURITY NO.	17. INFORMANT	ADDUST 229
NO	SEGURITI NO.	ST. AGNES HOSPITAL, WIL	KENS & CATON AVE
18.4/0.01	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	4	etensive antervses	THE WEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	Ise Impearkial	march m
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseas	DUE TO, OR AS	A CONSEQUENCE OF:	U
injury or complication which caused death.)	0		0 00
ANTECEDENT CAUSES	(B) Jew	at promitio loves	newrich
DISEASES OR CONDITIONS, if any, givin		A CONSEQUENCE OF	
rise to the above cause (A) stating to UNDERLYING CONDITION last.	(c)	epuis clevsi	
10		V.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).			
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A AUTOPSYS (Yes of No.) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
NAS UNDSULVING	ALE BLACE OF INVIDENCE -	YES WILES OF THE POWERS	e City, give exact location)
OR CONTRIBUTINO CAUSE OF	B.PLACE OF INJURY (e.g., tome, farm, factory, street, o	fice bidg. (NURY OCCUR?	e City, give exect locuston;
O 21D. TIME (Month) (Day) (Year) (Hous) 2	E INJURY OCCURRED	215. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not While	ie [
	Work At Work	JOVEMBER 12 19 71 to DEC	EMBER 15 10 71
22. I certify that (I) (this hospital) attended	tile deceased itom	· ~ 4	Maintallia Calada manha arta ara 1 7 maha arta ara
that (I) (we) last sow the deceased alive of		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nion death occurred on the date
and hour and from the causes stated above	(I) (We) (die) (did not)	rlew the body after death.	AND DATE COMED
23A. SIGNATURE	la augun	anding Med. C Staff C	238, DATE SIGNED
Jan	DO ONLE	Director L. Phys. L.	
P VALARAO	10K1	23D ADDRESS ST AGNES HOSPITAL - \	WILKENS & CATON
24A. BURIAL CREMATION, 124B. DATE 124C.	DEGREE NAME of CEMETERY of CR		ty, town, or county! (State)
Scirci 12-18-71)	Horeland menu	il Bolton	me Thet.
DEC 20 19 HEALTH DET. 222 NAME	EOF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS II true
V\$ 150-REV. 1/1/68		Farley Carenary A.H.	- Coloraly My



- Made	B	ALTIMORE	CITY HEA	LTH DEPART	MENT

1.10	. 50	WEL	JICAL	EXA	AWILLER 2 C	EKIIFI	LATE OF	DEAL	REG. N	21. 1	1/40	
BIRTH NO.												
Type or Prin	F DECEASED	1				2. DATE OF	Known 🔲	Month	Day	Year	Hnur	
Type of the	JOHN	B. McDO	NALD			DEATH	Estimoted					М.
. PLACE I	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						INICED DEAD	Month	Day	Yeo		
OSPITAL	OF (if	DDRESS OR LOCA	AL OR INST	TUTION	, GIVE STREET	PRONOL	INCED DEAD	Decem	ber 17	,19/1	5:1.) A.
OR INSTITUT							ESIDENCE (When	e deceosed li			ce before odn	
CENTE	RAL DIST	RICT CEL	L BLOC	CK		A. STATE M	aryland		B. COUNT	Y	40	
S. SEX	17. RAC	E	B. MADDI	ED 🗆	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMIT	51	_
Male		White		-			timore			v== [7]		
DATE OF		IIO ACE (WIDOW		DIVORCED L.	E STREET	ND NUMBER			YES K	ио Ц	
		lost birthde	ay) 5/	Months	Doys , Hours , Min.		N. Paca,	Ant.	18			
	+-1917							mpc.	10			
1. BIRTHPL	ACE (State or I	oreign country)			ZEN OF AT COUNTRY?	13. FATHER	SNAME					
	Mary1	and		U.	S.A.	Ja	mes E. Mo	Dona 1d				
4A.USUAL	OCCUPATION	(Give kind of work fe, even if retired)	14B. KIND	OF BUS	INESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
Unemp]						В	eulah McC	ahan				
4 MAR DE	CEASED EVE	R IN U.S. ARME	DFORCES	? 17	. SOCIAL	18. INFOR				ADDRESS	2	1213
Yes	William M	W II	or service)	2	SECURITY NO. 17-01-6375	Mrs. H	elen R. S	linev	3511 K	entuck	v Aven	10
19.	G 0	C			CAUSE OF DEA		olon it. D	III-y,	35 II I		APPROXIMATE	INTERVAL
1	750	11/			Alcoh	ol and	librium o	averdes		8	ETWEEN ONSE	AND DEATH
D		ONDITION DIRE	ECTLY		ALCON	OL and	1101 1 uni	3 V C.1 (10)				
(This		G TO DEATH	vlog A.g.		(A)IMMEDIATE C		UELLOS OS					
heart	follure, astheni	o, etc. It meons th	e disease,		DUE 10, OR	AS A CONSEC	UENCE OF					
וחניון	or complication	which coused de	ioin.)									
	ANTECED	ENT CAUSES			(8)		Office A					
DISE		DITIONS, IF AN	Y, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:					
I HND	ERLYING COL	NDMON LAST.	AIING THE		(a)							
ŏ					(c)							•
A OTHE	P SIGNIFICANI	II CONDITIONS C	ONTRIBLIT	ING								
O 10 T	HE DEATH BUT	NOT RELATED TO	THE TERMI	NAL								
		TION GIVEN IN I		TOR WA	ICH OPERATION W	AC DEDECORA	50			21 At	TOPSY? (Ye	ar No
监 20~ D	ALE OF OPERA	11014 200. CO	MUIIION	rok wr	ACH OPERATION W	43 PERFORM	ED			21. 40	yes	01 110)
-1///											-	
	EXTERNAL CA			228. PLA	CE OF INJURY (e.g., rm, foctory, street, offic	In or obout 2	2C. WHERE DID	(il in Boltimo	re City, give	exact locatio	n)	
	CAUSE OF			77 3	nown		Unknown					
≥ 22D. T	IME (Month)	(Doy) (Yes	r) (Hour) 22E.	INJURY OCCURRED	2	2F. HOW DID IN	NJURY OCC	UR? Sub	ject 1	ngeste	d
OF INJ	x.) unknow	งท		m. WHII	EAT NOT	WHILE W	overdose	of alc	ohol a	nd lib	rium.	
23.	· allano	V 1.1		m.į woi	AIN LJ AIN	ORK						
	I certify tha	t I held an	Inquiry [] 10	spection Au	top sy 🔀	and that on	this basis,	death in	my opinion		
	•	n: Notural ca	-				micide 🗌		ned monne	1		
	resulted ito	n. Notorot Co	1	MCC	deut 🗀 onicit		CHIEF MEDICAL	-	Hed Monne			
A	CTUAL	1		1	1110.				TO TO		DATE SI	GNED
	GNATURE	X	111	11	YUUG M.O	ASSI	STANT MEDICAL	EXAMINER	X			
	(AMINER'S AME (Type)	Peter L	lipkov:	ic,M	.D.	ASSO	CIATE MEDICAL	EXAMINER	П		12/17/	71
24A. BURIA	L CREMATION	1, 248. DATE		24C.1	NAME of CEMETERY	or CREMATO	RY 24D	LOCATION	(City, 1	own, or cour	nty) (5	tote)
REMOVAL Buria	a l	12-20	-1971	N	ew Cathedra	1 Cemet	ery	altima	ro Ma	ruland		
	REC'D BY HEA				F REGISTRAR		FUNERAL DIREC	saltimo	re, ra	ADDRESS		
ZJA. DAIE	APPSA	D.C. G.S										
DEC	20 1971	المراكاتان و	- Hartie	-	93	Но	ward H. H	Jubbard	, 4107	Wilke	ns Ave	. 2122
												/

THE THE LETT STATE STORES OF THE

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

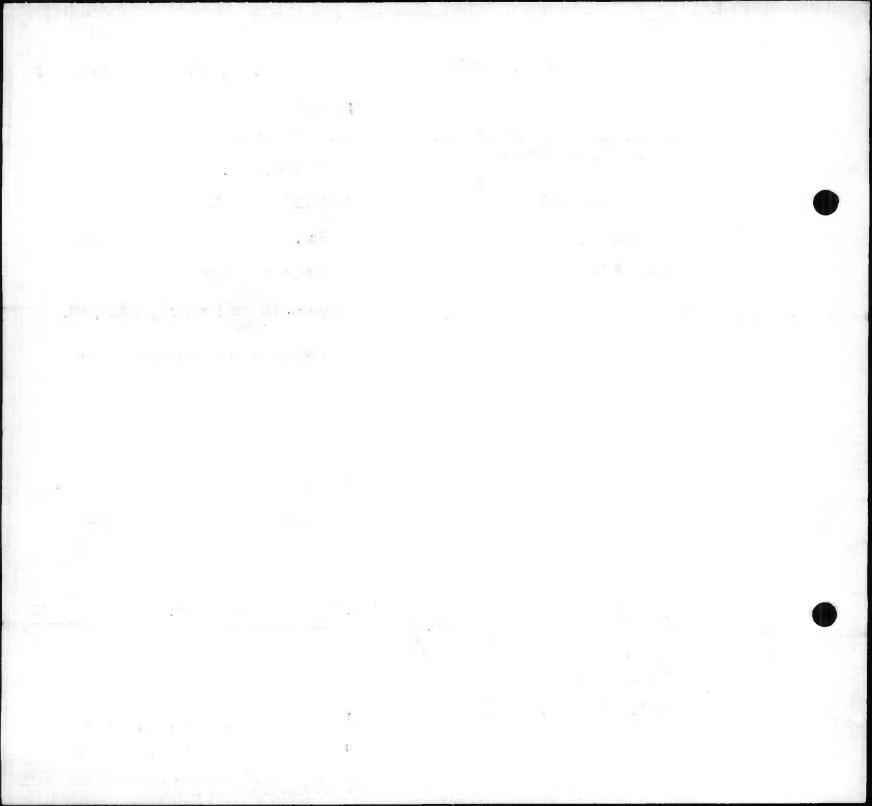
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

REG.	NO	71	1	1	17	44
		400	nation,	A.A.	- #	uh with

BIRTH NO.	/1 11	741	CERTIFICA	TE OF DEATH	REG. NO.	1 11741
(Type or Print)	Teddi A	nnette	Kaufman	2. DATE A	ND HOUR OF DEATH	4:15 P
3. PLACE IN BAL	IMORE, MARYLAND, W	HERE PRON	DUNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If in	stitution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Colorado		V05
US Publ	ic Health Se	rvice F	Hospital	Colorado Sp	rings D. INSI	DE CITY LIMITS?
3 V	3100 Wyman P			E. STREET AND NUMBER		IE3 [] NO []
7.				2704 Marcy	Ave.	
5. SEX	Gaucasia:	WIDOWED		8. DATE OF BIRTH 2/13/43	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
done during most of	IPATION (Give kind of wark vorking life, even if retired)	10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lor	eign country)	12. CITIZEN OF WHAT COUNTRY
On Bloom Section	lousewife			Neb.		USA
13. FATHER'S NAA				14. MOTHER'S MAIDEN NA	ME	
FLO	d Gerth			Audrey St	umbough	
15. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed Fore	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			?	Records_ US	PHS Hospita	l, Balto, Md.
18. 48 1	5X 9/11	.9	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DIR	ECTLY		Bilateral b	ronchopneumo	
(This does no	at meen the mode of	dying, e.g.	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		2224 2000
heort loilure,	aslhenia, etc. It meons plicalian which caused	the diseose	, DOE TO, OR AS	A CONSEQUENCE OF;		
	NTECEDENT CAUSES					
DISEASES O	R CONDITIONS, if	ny, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
rise lo lhe	above cause (A) CONDITION lost	sloling the				
	11		(C)	***************************************		
TO THE DEATH	CANT CONDITIONS COL BUT NOT RELATED TO THE ENDITION GIVEN IN PART	IE TERMINAL	***********************	Astrocytoma		18 mos.
19A. DATE OF	OPERATION 198 CONI WAS PERF	ORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	ON 208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATHES
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner	21 l hor etc	RPLACE OF INJURY (e.g., in ne, form, loctory, street, of J	i or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
21D.TIME	(Month) (Doy) (Year)	(Hour) 218	INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
(APPROX.)		W	hile At Not While	· 🗆		
22. 1 certify	that ()) (this hospital)	attended t		Nov. 29	19 71 to Dec.	9 10 71
	last saw the decease				1 /	lan death occurred an the date
and have and	fram the causes stat	ed abave. (y (We) (did) (did hot) v	lew the bady after death.		
23A. SIGNATUI	IE / CR. /	1	24.5			23 R. DATE SIGNED
Chli	W Z Dell	wear	Affer Phys	nding Med.	Staff Phys.	12/10/71
23C. PHYSICIAN NAME (Ty	pe)	,	DEGREE 2	3D. ADDRESS	, ••	
Robert	E. Belliveau	, Surg	(R)	US PHS Hosp	ital Bolt	2017
24A. BURIAL CREA REMOVAL (S	AATION, 248, DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D. L	ital Balto	Md 2277 (Stote)
Burial	13 Dec	71	Memoria	al Gardens Col	orado Spring	
25A. DATE REC'D			OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
DEC 20	121 1 ATCANA C	40-00-00	at a distribu	Burgee Funera	II/Home Balta	more Maryland 2121

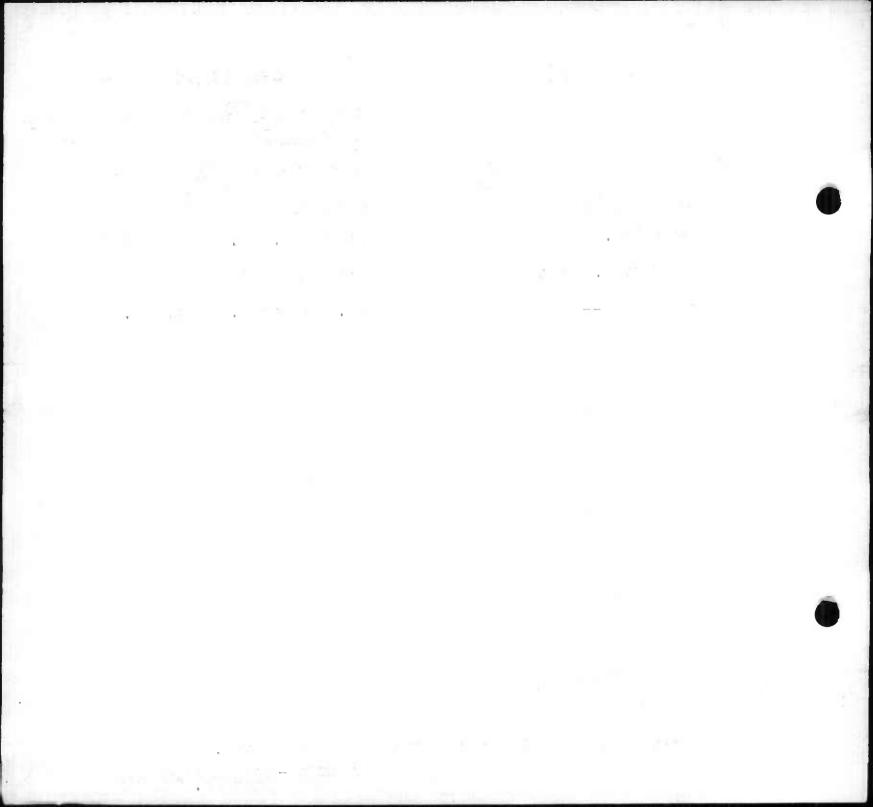
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FUNERAL DIRECTOR: IMPORTANT

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1 - (40)	Y HEALTH DEPARTMENT 71 11742 REG. NO. 71 11742
I. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4 USUAL RESIDENCE (Where decessed lived, Il institution residence below admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY 439 Range Road Bulling Md C. CITY OR TOWN D. INSIDE CITY LIMITS?
45	E. STREET AND NUMBER
Good Somaiton Hospital	439 Range Rd. 5 300
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost believe) 68 II Under 1 Yr. II Under 24 Hrs. Months; Doys Hours; Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
SALES REP.	BALTIMORE, MD. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EMIL G. CARL	ELLA GRACE LANE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) NO 16. SOCIAL SECURITY NO.	MRS. HAROLD E. CARL. SR.
18. 4 9 / X CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY EMPHY	SEMA + CHRONIC BRONCH CHIS
(This does not mean the mode of dying, e.g., heart foilure, astheria, etc. If means the disease.	A CONSEQUENCE OF:
injury or camplication which caused death.) ANTECEDENT CAUSES	
	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	TILATION-? CNS
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 218. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.)	in or about 21C. WHERE DID (II in Soltimore City, give exact location) ffice bidg., INJURY OCCUR?
OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Not Whi	21F. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) ottended the deceosed fram	15 40 AT
that (1) (we) last sow the deceased olive on 12 12	19.71 and that In (my) (our) opinion death occurred on the date
and haur and fram the causes stated obave. (1) (We) (did) (did not)	rlew the body ofter death.
	anding Med. Stoff 1
23C.PHYSICIAN'S NAME (Typel	Inding Med. Staff Staff Director Phys. > 1 > 7 > 7
DEGREE	
24A. BURIAL CREMATION, 24B. DATE 24C, NAME OF CEMETERY OF CR BURIAL 12/15/71 DRUID RIDGE	tank a samp
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	MITCHELL DIRECTOR TEDEFELD HOME ADDRESS
VC 150. PEV 1/1/48	6500 YORK RD. 21212



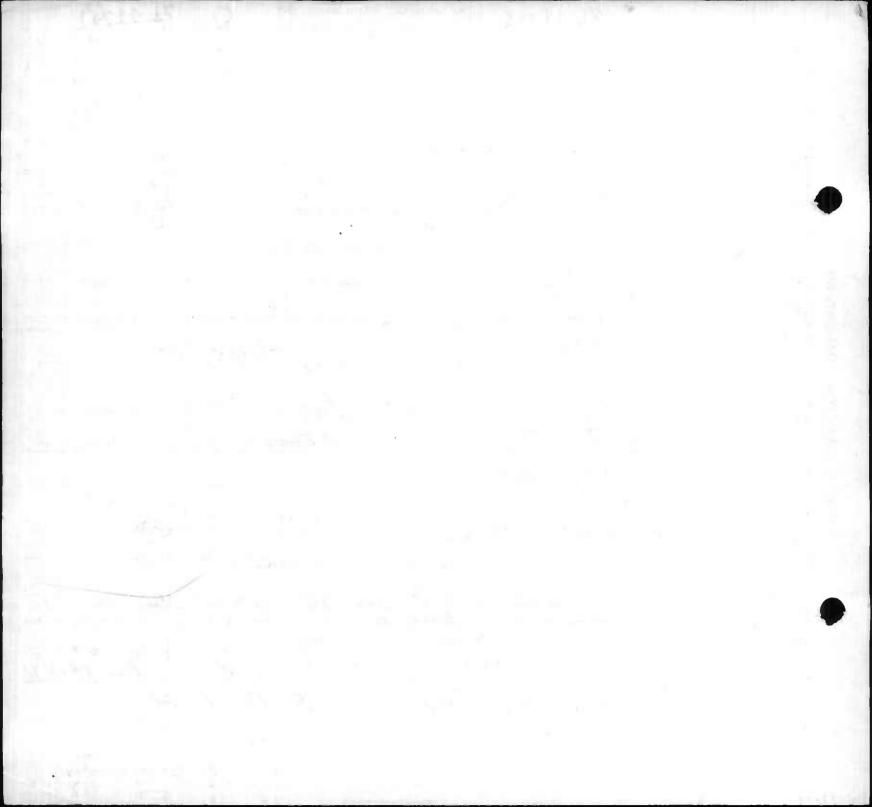
7-632 71 11 ME		BALTIMORE CITY HE			F DFAT	н 71	. 117	43	
BIRTH NO.	L W. FRIT		2. DATE OF DEATH	Known Estimoted	Month	Doy	Year	Hnur	
HOSPITAL ADDRESS OR LO	PITAL OR INSTITUT	OUNCED DEAD	3. DATE PRONOL	NCED DEAD	Month 12	Doy 12	Yeor 1971	Hour 8:3	F. IM
or institution 2301 Pentland 5. SEX 17. RACE		611 62H	STATE	Md.		ed. If Institution B. COUNTY ID. INSIDE CI	2	73	ission)
male white	8. MARRIED WIDOWED			Balto		YE	C .	NO 🗆	
Sept. 30,1892 79	Mor	the Days Hours Min.		2301 Pen		IVE X. Apt	. X6¥-X1		
Ohio		CITIZEN OF WHAT COUNTRY?		C. Fri					
4A.USUAL OCCUPATION (Give kind of wa lane during most of warking life, even if relire COST ACCT.	USO S	ervice				enland			
6. WAS DECEASED EVER IN U.S. ARM Yes, no ar unknown) (If yes, give wor or dat YES	LED FORCES?	17. SOCIAL SECURITY NO. 312-03-090/		Bess D	Fritz		DDRESS Vife)		
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the made of heart failure, asthenia, etc. it means injury or complication which caused	dying, e.g., the disease.	CAUSE OF DEA' Arterioscler (A)IMMEDIATE C DUE TO, OR A	otic ca		cular di	Isease		PROXIMATE I	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST	TATING THE	(B) DUE TO, OR	AS A CONSEC	QUENCE OF:					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 20A. DATE OF OPERATION 20B. C	TO THE TERMINAL PART 1 (A)-								
20A. DATE OF OPERATION 20B. C	ONDITION FOR	WHICH OPERATION WA	S PERFORM	ED			no	PSY? (Yes	or No)
✓ 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	22B.	PLACE OF INJURY(e.g., e, farm, lactory, street, office	in or about 2 bldg., etc.)	VURY OCCUR	(il in Balilman	e City, give exa	ct location)		
		WHILE AT WORK AT W	WHILE	2F. HOW DID I	NJURY OCC	JR?			
23. I certify that I held an resulted fram: Natural c ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSS	Wish Wh	Inspection Au Suicident Suicide M.D. Sher, M.D.	ASSI	and that an micide CHIEF MEDICAL STANT MEDICAL CIATE MEDICAL	Undeterminer EXAMINER LEXAMINER	death In my		DATE SIG	
24A. BURIAL CREMATION, REMOVAL (Specify)	15/71	Loudon Pa			altimo		n, ar county)	(Ste	ate)
Cremation 12/ 25A. DATE REC'D BY HEALTH DEPT. DEC 20 19/1		OF REGISTRAR	Mi	Cheff- 500 Yor	wiedef	eld Ho	DDRESS ME		
IC ACL DON BIG // D	,								

VS 151-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH the a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased BIRTH NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO doath. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE FULL NAME OF HOSMTAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 NOK AALO YES prior South Baltimore General Hospital E. STREET AND NUMBER occurred 4104 Ritcie Huwau disposition is made. in regular If Under 24 Hrs. 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Ya 6. RACE 7. MARRIED NEVER MARRIED deceased 8-21-9 WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) M. Troctor & Gambel Retired Was the 4 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charlotte Meskie or his assistant if death uo o 15. Was Deceased Ever in U. S. Armed Forces 7. INFORMANT ADDRESS or final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Melvin Jefferies 4104 Ritchie Hyway 21225 attendance fracture of any CAUSE OF DEATH pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the discose, regular chief medical examiner injury of complication which caused death.) ANTECEDENT CAUSES who before the remains are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost physician No physician was medical **burns**; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). An accident of any nature; (2) Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 218 PLACE OF INJURY (e.g., in or obout 21C WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) (If to Boltimore City, give exact location) where the body was released to the hospital MEDICAL obtained (Month) (Doy) (Year) (Hous 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) and Work At Work 22. I certify that (f) (this hospital) attended the deceased from death); that (f) (we) last sow the deceased office on. ond that in (my) (our) opinion death occurred on the dote 99 hospital must and hour and from the causes stated obove. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 238, DATE SIGNED Attending Med. 0 Phys. Director deceased prior 0 23C. PHYSICIAMS NAME (Type) 23D. ADDRESS certificate t D was D.O.A. shows: (1) 24C. NAME of CEMETERY OF CREMATORY 24A. SURIAL CREMATION, 24D. LOCATION (State) REMOVAL (Specify) Sacred Teart of Mary Yerman Hi 25A. DATE REC'D BY HEALTH DEPT. 250 NAME OF BEDISTRAR 25C, FUNERAL DIRECTOR ADDRESS McCully Funeral Home 237 Patapsco Ave. 150-REV. 1/1/68



150 EV. 7/1/8

	1 (50	BALTIMORE CITY	HEALTH DEPARTMENT	7:	1 11745		
1	1-652 71 11745 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO			
	I. NAME OF DECEASED			ND HOUR OF DEATH			
	Type or Print) LAWRENCE	EDWARD A	1	FC. 11, 1971	11:25 A.M.		
	3. PLACE IN BALTIMORE, MARTLAND, WHERE PL			ere deceased lived. If ins	titution: residence before admission)		
	FULL NAME OF UF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET/	MD B	BAUTIMORE	1538		
	FULL NAME OF (IF NOT IN HOSPITAL OR I	INDED-1/3/1	C. CITY OR TOWN		DE CITY LIMITS?		
#	THE HOSPITATION	BALTIMORE	BALTIMOI	८६	YES NO		
	12		E. STREET AND NUMBER				
	5- SEX			nore Avenue	RD		
	h d	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AOE (In years last birthday)	Months Doys Hours Min.		
	IDA. USUAL OCCUPATION (Give kind of work 10B, KIN	WED DIVORCED	Aug. 9, 1919	52			
	done during most of working life, even if refired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign Country)	12. CITIZEN OF WHAT COUNTRY?		
	Chauffer		North Carolin	a	USA		
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN'N	AME			
	Edward R. Lawrence Sr.		Ethel Hall				
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dates of ser	vice) 16. SOCIAL	17. INFORMANT		ADDRESS		
	No No		Roberta Lawren	co 2700 Flei	nore Avenue		
lŀ	18.// 2 / 6 S 245-09			CE 2700 E131	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY	// == 0	1 1 MAILA 211 15	WENT OF THE	BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	/A VIMINEDIA IE CAU	MONIA BILAT.,	WITH (E) GM	PYENA		
I	(This does not meen the made of dying, heart failure, asthenia, etc. 11 means the dis	G.C. CHICTO OF LC	CONSEQUENCE OF:	*******************			
	injury or complication which caused death.)	DOAL	11 577-11	11111			
	ANTECEDENT CAUSES	(B) BKA1	N STEM	CVA			
-	DISEASES OR CONDITIONS, if any, g		A CONSEQUENCE OF:				
	UNDERLYING CONDITION last.	(c)	199 0000 0000000000000000000000000000000				
	_ II						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING CHRONIC	PYEZONEPH	21775 1:448	FRIENSION		
11	O DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OFERATION	ZVA. AUTOPSTYTIES OF T	IN CERTIFYING CAU	SES OF DEATH?		
11	U 21A. ACCIDENT WAS UNDERLIND	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, olf	or about 21 C. WHERE DID	(If In Boltimore	City, give exact location)		
	DEATH (notify medical examined)	elc.)					
	21D. TIME (Month) (Day) (Year) (Hour)	21 & INJURT OCCURRED	21F. HOW DID IN	JURT OCCUR?			
	(APPROXI	While At Not While					
	22. I certify that (1) (this hospital) attend		Nov. 10	19 71 10 L	F() 10 F1		
	that (H) (we) last saw the deceased alive		71				
					lan death occurred an the date		
\parallel	ond hour and fram the couses stated about 23A. SIGNATURE	/e. (I) (me) (did) (did not) vi	ew the body ofter deoth		23B. DATE SIGNED		
	ACDICENCO,	M. A. Atter	nding Med. Director	Staff 🗔	12/11/2		
	23C.PHTSICIAN'S NAME (Type)	DEGREE Phys.	3D. ADDRESS	Phys.			
Ш	NAME (Type) ARMANDO	C. DIVAMO	511	IAI HOSPI	TAL		
	24A. BURIAL CREMATION, 24B. DATE 24	DEGREE 4C. NAME of CEMETERT OF CRE	MATORY 124D.	LOCATION (City	, town, or countyl (State)		
		-					
	Burial 12-18-71 12-18-71 258, NA	Arbutus Mem. Par	K Ba	ltimore, Mary	ADDRESS		
	250 20 1071 Bell E.	aiber, A.D.		Dhilling 170			

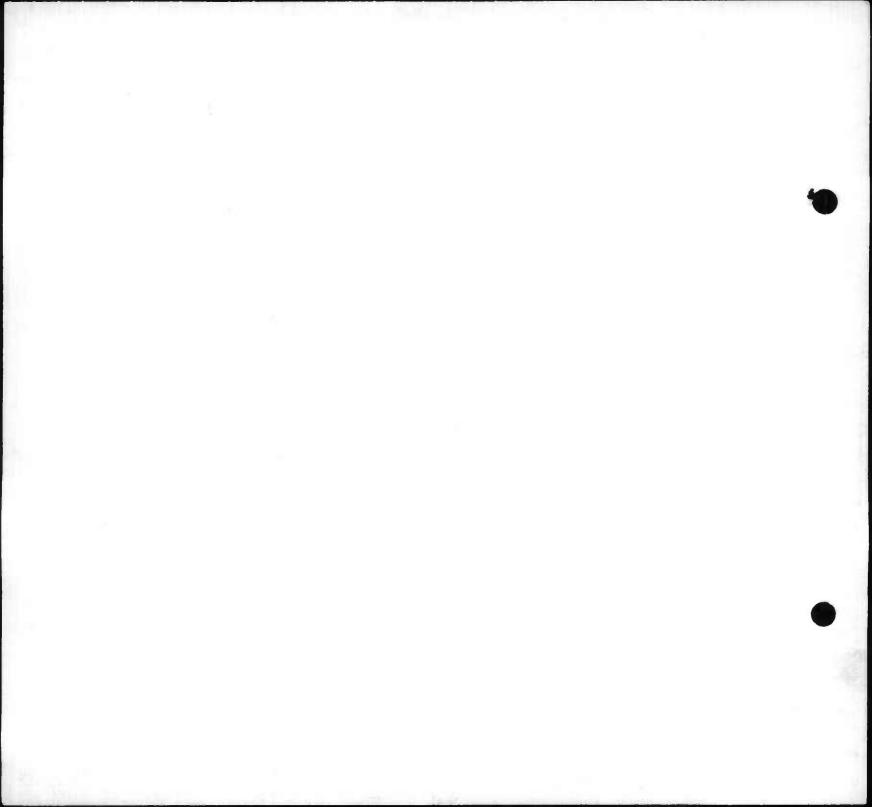
Arlington S. Phillips 1727 N.

Monroe Street

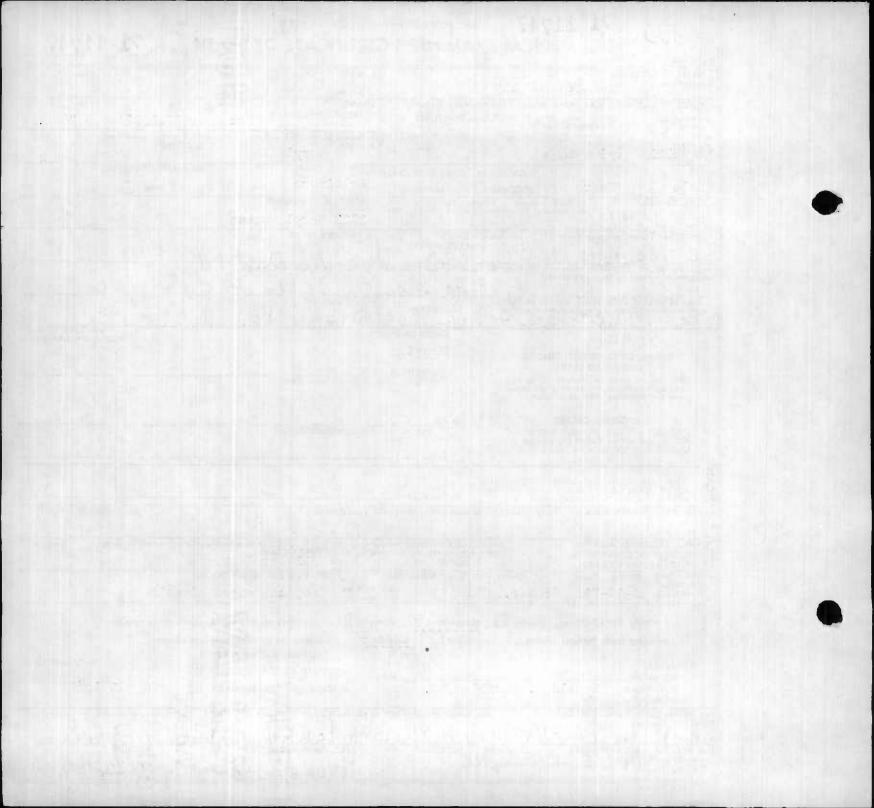
1/3/72 - Correction form from funeral director.

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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.		
f an)		
sed tont of the pita		
musi scide cide hos to d		
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.		
TY W		
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PIR	1-250	0 7:	1 11	746		HEALTH DEPARTMENT	X REG. NO. 7	1 11746
1.1	AME OF DEC	EASED TACK	SON	MA	17716		AND HOUR OF DEATH	An
FU	PLACE IN BAL				UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	There deceased lived. If in	Manuflution: residence belore admission) IDE CITY LIMITS?
8	ina 42	i Hos	prta	e of 1	Bal hum	Salfine E. STREET AND NUMBER		PES NO [] PER 2/136
5. \$	F	6. RACE		WIDOWED		8. DATE OF BIRTH 5-30-09	9. AGE (In years lest birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	e during most of v	ewife	kind of work on if retired)	10B KIND OF	BUSINESS OR INDUSTRY	Ga. XXXX	oteign country)	12. CITIZEN OF WHAT COUNTRY?
		rnest				Minnie She	etts	
15. Yes	Was Deceased s, no or unknown)	(If yes, give	Armed Fore	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
							ite 2, Reiste	rstown, Maryland
	DISEAS	E OR CONE	DEATH		CAUSE OF DEAT	PNEUMON COLO RESPIRA	IA E	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does no heart failure, o injury or com	oslhenio, elc	. It meons ch coused	the disease,	Ca	ACONSEQUENCE OF: REBRO VASO ACO	M LAR	**************************************
	DISEASES O	obove co	ouse (A)	iny, giving sloting the	(C)	A CONSEQUENCE OF:		
CERTIFICATION	OTHER SIGNIFITO THE DEATH	H BUT NOTRE	LATED TO TH	E TERMINAL	GI	Blee dein		***************************************
RTIFI	0		WAS PERF	ORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	21A ACCIDEN OR CONTRIBUT DEATH (notify	T WAS UND TING CAU medicol exom	ERLYING SE OF	21 B. home	e, form, foctory, street, of	or obout 21C. WHERE DID	(If In Boltimor	e City, give exact location)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Do	y) (Yeon		INJURY OCCURRED Not While At Work		NJURY OCCUR?	
	22. I certify that (1) (we)				e deceosed from	2-//- // 	19 to 19 that In(my) (our) opli	nlon deoth accurred on the dote
	and hour and	from the co	uses stote	ed abave (1)	(We) (dld) (dld not) v	lew the bady after death	le .	
	23A. SIGNATUR	ulit	m	7	niD, DEGREE Phys	nding Med. Director	Staff Phys.	23R DATE SIGNED (27-18-71
	23C. PHYSICIAN NAME (Ty	/ CO G	£410	LIBO		Strain)	Hospital	of Balfinne
24A	REMOVAL (S	AATION, 248, pecifyl	DATE	24C, NA	ME of CEMETERY of CRE	MATORY 24D.	LOCATION (Cit	y, town, or county) (Stotel
F	Removal				Hill Bantist	Church Cem W	ilkinsville	Ga
25 A	DEC 20	1971	0 - 1	E Jail	F REGISTRAR	alleingte	Shillips	1129h Marrast
VS I	SO-REV. 1/1/6	8			and the second		//	



0-400 71 11747 BALTIMORE CITY HEALTH DEF	book A. A. A. A. A. C.				
MEDICAL EXAMINER'S CERTII	FICATE OF DEATH REG. NO. 11 1174				
I. NAME OF DECEASED 2. DATE	Known Month Day Year Hour				
(Type or Print) STANLEY POWELL OF					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	Manth Day Year Hour				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PROP	December 17,1971 6:20 P.				
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION S. USUA	L RESIDENCE (Where deceosed lived. If Institution: residence before admission)				
2723 Beryl Avenue					
	OR TOWN D. INSIDE CITY LIMITS?				
Marked Linever Marked	timore				
WIDOWED DIVOKCED LI	T AND NUMBER				
Months Days Hours Min.	Beryl Avenue				
	ER'S NAME				
WHAT, COUNTRY?	hn Henry Yowell				
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOT					
dane during mast of working life, even il relired)	talin Moundal				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFO	DRMANT ADDRESS				
(Yes, no ar unknawn) (It yes, give water dotes of service), SECURITY NO.	201 Parell 2222 Ropel Que				
Ves Waste V 2-13-41 241-01-0232 11	APPROXIMATE INTERVAL				
)—70 31X	BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY Hanging					
(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONS	EQUIENCE OF				
heart follure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	EQUENCE OF				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DISEASE TO THE AROUS CAUSE (A) STATING THE	ISEQUENCE OF:				
INDERLYING CONDITION LAST					
(c)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFO	RMED 21. AUTOPSY? (Yes or No)				
0 2	yes				
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or about					
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about home, form, lactory, street, affice bldg., etc. Home 22D. TIME (Manth) (Day) (Year) (Hour) 122E. INJURY OCCURED	t) 122C. WHERE DID (If in Baltimare City, give exact localian) 1) INJURY OCCUR? 2723 Bery1 Avenue				
	22F. HOW DID INJURY OCCUR?				
OF INJURY 12-17-71 5:00 P WHILE AT NOT WHILE IST Subject hanged himself					
23.					
I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion					
resulted from: Natural causes Accident Suicide Homicide Undetermined manner					
() (1) 1	CHIEF MEDICAL EXAMINER				
ACTUAL / July / //// A	ACTUAL ASSISTANT METRICAL EYAMINED X				
SIGNATURE M.D.	SOCIATE MEDICAL EXAMINER 12/18/71				
NAME (Type)	SOCIALE MEDICAL EXAMINER []				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMA	ATORY / 24D. LOCATION (City, town, or county) (Stote)				
REMOVAL (Specify) 12-22-71 ARBUYUS Mem	KORK HOL Sulation Sovier Pl Knly M/2				
	C. FUNERAL DIRECTOR . ADDRESS				
DEC 20 1971 (16 Soul E. Jansey 28)	En U				
DEC -U -U	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
VS 151-REV. 7/1/68 / 7 7 4 1 13 7	DONAL E. Glover 712-14 North Ave.				



NAME (Type) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL CREMATION, 248. **DATE** (Stote) REMOYAL (Specify) Calvary Cemetry Mt. A A County 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25c. FUNERAL DIRECTOR Halstead Valent E. orth Av Garben, M.D. VS 151-REV. 1/1/68

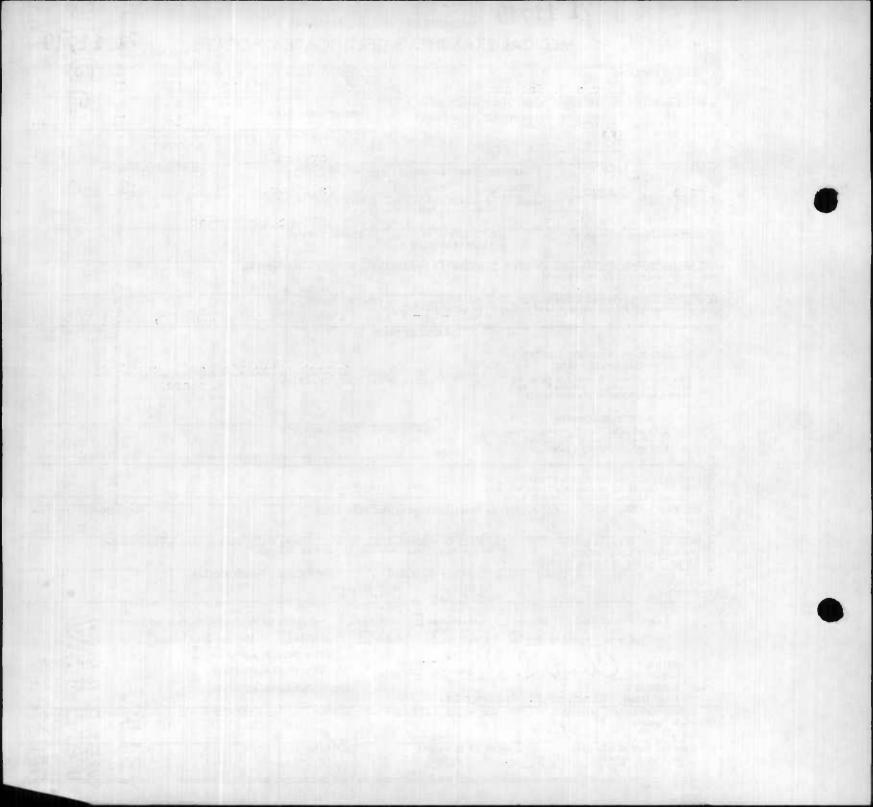
1-7-72 - Letter from - Office of the Chief Medical Examiner, Ronald N. Kornblum, M.D.
Assistant Medical Examiner

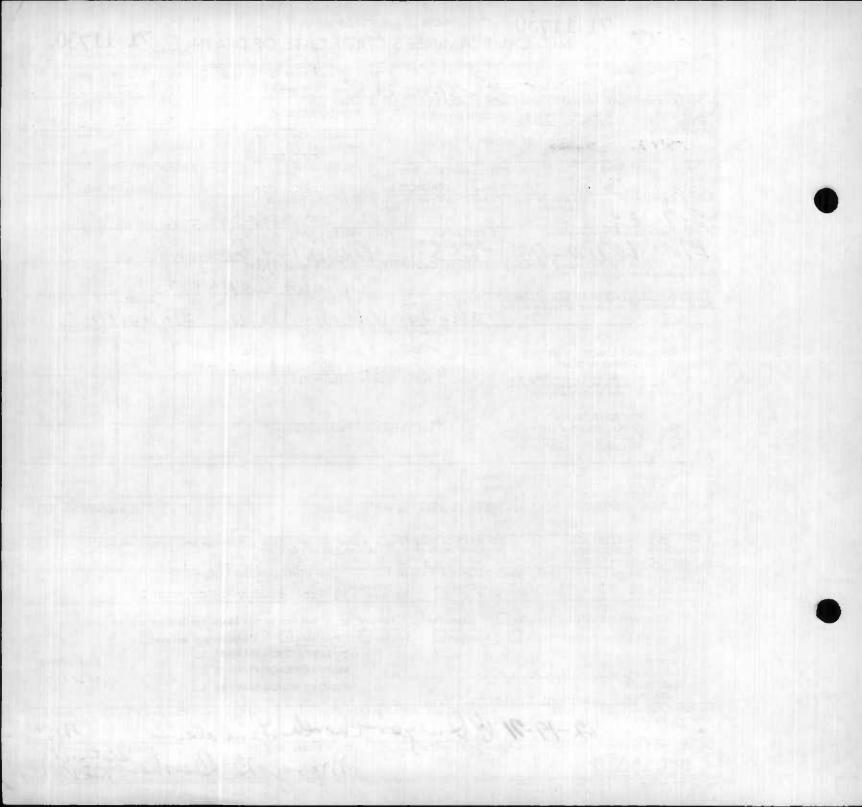
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	No
22A- EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 228.PLACE OF INJURY(e.g., In or obout 22C. WHERE DID (if in Baltimore City, give exact home, form, foctory, street, office bidg., etc.) INJURY OCCUR?	ct location)
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) M, WORK AT WORK	0 9
I certify that I held an Inquiry Inspection Autopsy ond that an this basis, death in my resulted from: Natural couses Accident Suicide Homicide Undetermined manner Actual Signature Assistant Medical Examiner Assistant Medical Examiner Associate Medical Examiner Associate Medical Examiner NAME (Type) Charles S. Springate, M.D.	_
Burial CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY Baltimore Md Burial 12/21/71 Arbutus Mem Park A DATE REC'D BY HEALTH DEPI. 1258, NAME OF REGISTRAR 125C. FUNERAL DIRECTOR.	or county) (State)
DEC 20 1971 Robert E. Jaber, M.D. Adolphus Halstead I.	206 W North A

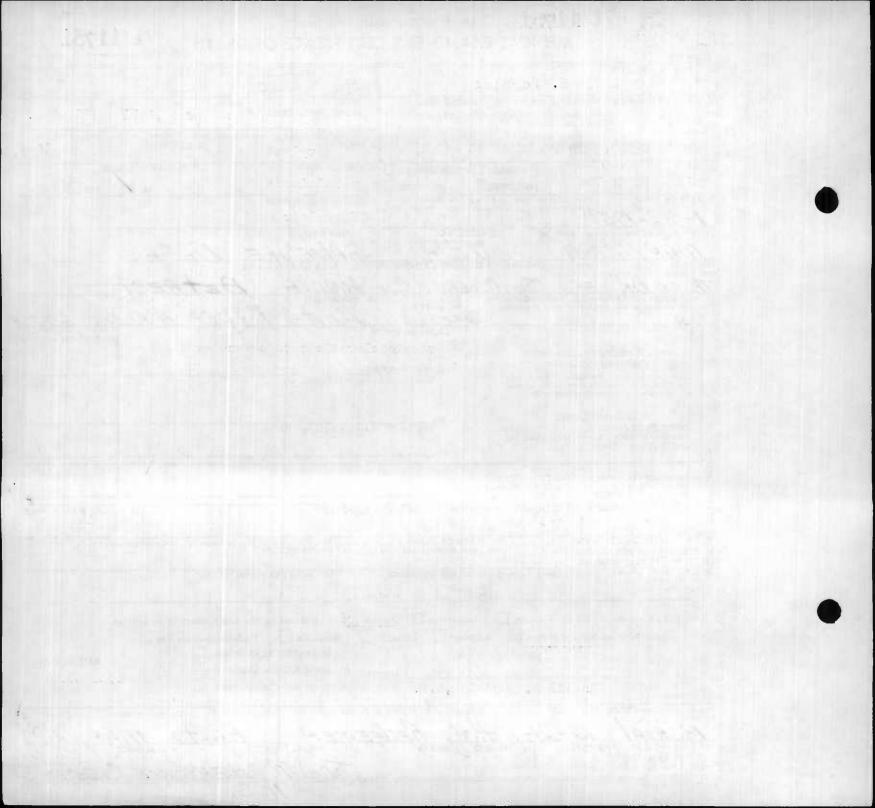
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1.24	12 11 117		EALTH DEPARTMENT	× 71 1	4 10/24
DIDEN NO	MEL	DICAL EXAMINER'S	CERTIFICATE OF DEA	TH REG. NO.	1751
I. NAME OF D	PECEASED		2. DATE Known Month		100
(Type or Print)		DeSales	OF 5	Day Yes	Hour
4. PLACE IN B	BALTIMORE, MARYLAND, J	WHERE PRONOUNCED DEAD	3. DATE Month	Doy Ye	or Haur
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD Decem	nber 18,1971	111:42 A.
SOUTH	BALTO. GENERAL	HOSPITAL (DOA)	5. USUAL RESIDENCE (Where deceased A. STATE Mary land	lived. If Institution: resider B. COUNTY	nce before admission)
6. SEX	7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR TOWN	ID. INSIDE CITY LIMIT	(\$2
Male	White		Baltimore	-	
9. DATE OF BI	RTH 10.AGE (I			YES Z	NO L
1-23	RTH 10. AGE (I lost birthdo	Months Days Hours Min.	8219 Belair Road		
II. BIRTHPLACE	E(State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME		
max	Many	WHAT COUNTRY?	Calvataor	DE SALES	
IAA.USUAL OCC	CUPATION (Give kind of work	148. KIND OF BUSINESS OF INDUSTR	YIS MOTHER'S MAIDEN NAME	ZE SHIE	5
done during most	of working life, even if retired)	That P 1 - Pulle Pa	anno a	1000	CILE CO.
16. WAS DECEA	ASED EVER IN U.S. ARMET	FORCES? 17. SOCIAL	18. INFORMANT	ADDRESS	
(Yes, no or unknow	wn) (If yes, give war or dotes	of service) SECURITY NO.	note Koon	100 11 10)	I wowland to
19.	190.	CAUSE OF DEA	ATH TORY	50 7 10 1	APPROXIMATE INTERVAL
Distri	ASE OR CONDENS NONE	Arterio	sclerotic cardiovascul	lar disease	BETWEEN ONSET AND DEAT
DISEA	ASE OR CONDITION DIRE LEADING TO DEATH		CALIER		
(This does	not mean the made of dy are, asthenia, etc. It means the	Ing. e.g., (A) IMMEDIATE DUE TO, OR	AS A CONSEQUENCE OF:		
injury or c	complication which coused de	oth.)		•	
	ANTECEDENT CAUSES	(B)			
DISEASE:	S OR CONDITIONS, IF ANY	, GIVING DUE TO, OR	AS A CONSEQUENCE OF		
I LINDERLY					
[일]	11	(c)			
OTHER SIC	GNIFICANT CONDITIONS CO	ONTRIBUTING			
DISEASE	OR CONDITION GIVEN IN PA	ART 1 (A)-			
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TOTHER SIGN TO THE DISEASE OF T	OF OPERATION 208. CO	NDITION FOR WHICH OPERATION W	AS PERFORMED	21. AU	TOPSY? (Yes or No)
45					yes
UNDERLYIN	ERNAL CAUSE WAS	22B. PLACE OF INJURY (e.g., home, farm, lactory, street, office	In or obout 22C, WHERE DID (II in Baltime bldg., etc.) INJURY OCCUR?	ore City, give exact location	n)
UTING C	(Month) (Doy) (Yeor	(1)			
OF INJURY	(Month) (Doy) (Year		WHILE	CUR?	
(APPROX.)		m. WORK AT V	VORK		
	ortify that I held on I	nquiry Inspection Au	topsy X and that on this basis	death in my cointer	
	ulted from: Natural cau			lned manner	
		The state of the s	CHIEF MEDICAL EXAMINER		
ACTUA	1 000	111/11	ASSISTANT MEDICAL EXAMINER	-	DATE SIGNED
SIGNA		N Karata M. D			2/10/71
NAME	(Type)	N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER		2/19/71
24A. BURIAL CR REMOVAL (Spe	EMATION, 248. DATE	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATIO	N (City, town, or cour	nty) (State)
BUR	1A/ 12-5	1-71-Holy REC	EEMER RI	2/tn m.	apylana
25A. DATE REC	D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS	TRYIHIU
DEC 21	19/1 Paber 1	E Jaben M.D.	Th-) M11/- h	-a,C	26-01-01
VS 151-REV. 1/1/	68		CONTAINING WEIT	GYENNIS (DESTEK S
			1 1003.	<	



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BALTIMORE CITY HEALTH DEPARTMENT

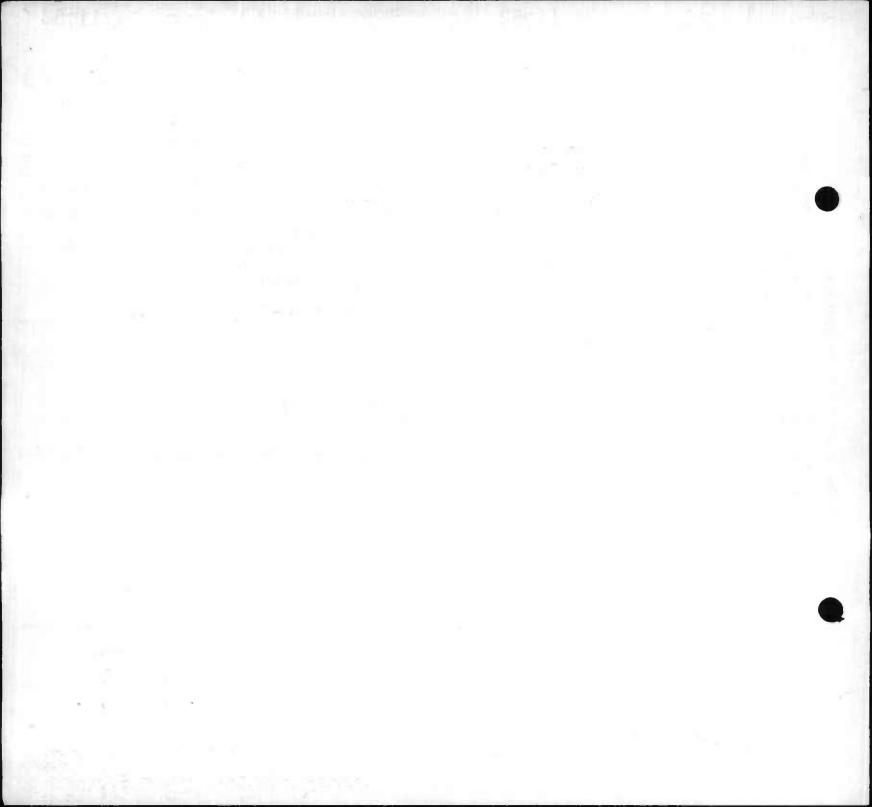
DEC	NIO	

	174	11752
G. NO	/ 44	12/00

7-623 71 11752 BALTIMORE CITY	Y HEALTH DEPARTMENT 71 11752					
7-623 71 11752 BALTIMORE CITY	TE OF DEATH REG. NO.					
DIKITI 140.	AL OF DEATH					
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH					
Veronica Tristani	12-17-1971 6.10 P _M .					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	_)634					
HOSPITAL OR ADDRESS OR LOCATION	C.GPY OR TOWN ID. INSIDE CITY LIMITS?					
Baltimore City Hospitals						
2/ 4940 Eastern Avenue	E. STREET AND NUMBER					
	1251 Armstead Way 21205					
Baltimore, Maryland 21224						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., 11 Under 24 Hrs. Months! Doys Hours Min.					
Female Caucasian WIDOWED DIVORCED	4-7-1895					
IOA USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
done during most of working life, even if retired)	Lithuania // C n					
2 CARNELLE MANAGE	1/10/17					
Muse Penna	14. MOTHER'S MAIDEN NAME					
Muse Penna	(In)Kon/n)					
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS					
Yes, no ar unknown) (It yes, give war or dates of service) SECURITY NO.						
RIO	Records; BCH-4940 Eastern Ave., 21224					
18. L. J / O , 9 CAUSE OF DEAT						
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
LEADING TO DEATH	USE MYO CORDIAL INFORMATION 3DA					
TURES does not mean the mode of dving. e.g.	A CONSEQUENCE OF:					
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)						
	10-1611-0-3					
(8) 4114.00						
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the						
UNDERLYING CONDITION lost. (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	40515 SEPSIS					
DISEASE OR CONDITION GIVEN IN PART 1 (A).						
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
D 21A ACCIDENT WAS UNDERLYING 1 21B PLACE OF INJURY (2)	YES THE CERTIFIED CADSES OF DEATHY YES					
OP CONTENUTING TICALIST OF	If to Bidge, INJURY OCCUR?					
DEATH (notify medical examined etc.)						
DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) While As The Not While	21F. HOW DID INJURY OCCUR?					
- IVV bbbOA?						
Work L At Work						
22. I certify that (I) (this hospital) attended the deceased fram 17 17 to 17 19						
that (1) (we))ast saw the deceased alive on 171771 19 ond that in (my) (our) apinion death occurred on the date						
and hour and from the causes stated obave. (1) (We) (did) (did nat) view the bady after death.						
23A. SIGNATURE 23B. DATE SIGNED						
COVI TIMESOLX MD DEGREE Phy						
	23D. ADDRESS					
KOYA MEALS	1940 Eastern Ave, Baltimore, Md 21224					
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	DACTINDICE CITY HODPING					
AA. BURIAL CREMATION, REMOVAL ISpocify) 24B. DATE 24C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, or county) 1Stote)					
BURIAL 12-21-71 MELANCE DOL	OK CEM ROIDDENILLE DO					
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF LEGISTRAR	25C, FUNERAL DIRECTOR ADDRESS -3//					
DEC 20 1971 Cabe E. Walker M.D.	33//					
	WEBER FUNERAL HOME Edmondson					

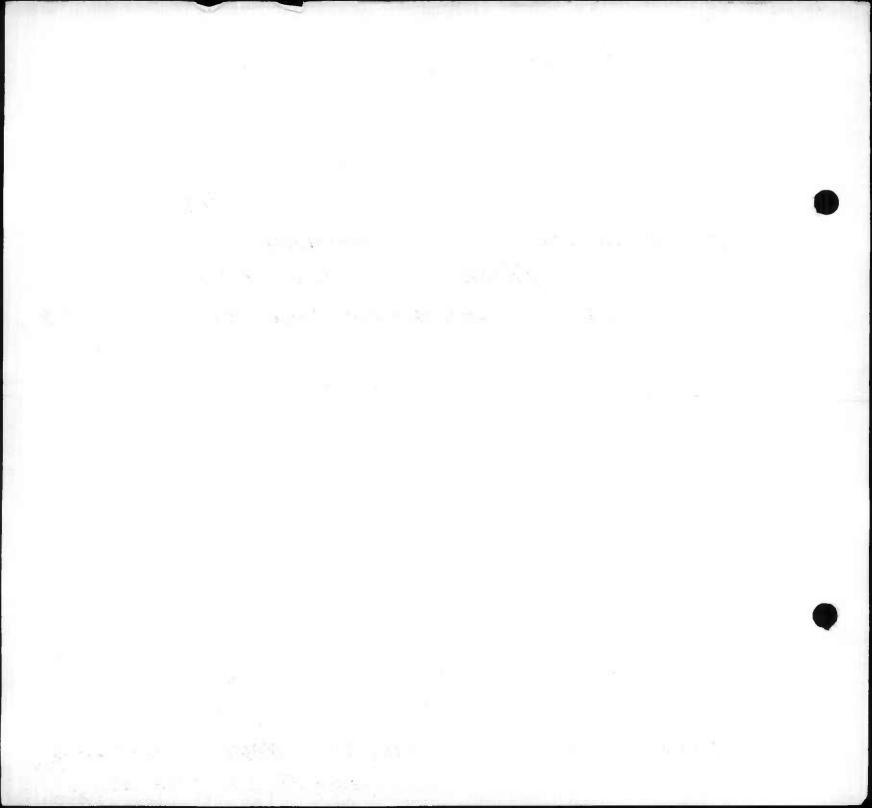
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68



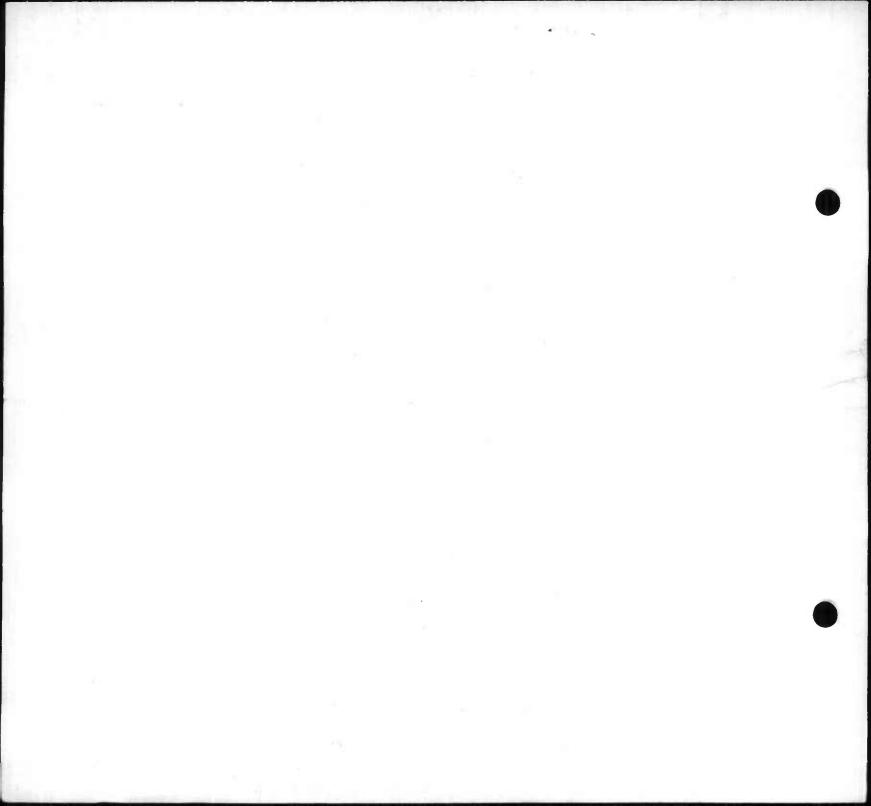
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	P-620	D4 44		BALTIMORE CIT			V REC NO	774	44	
	RTH NO.	71 11	753	CERTIFICA	TE OF D	EATH	KEG. NO	-/-	11753	_
	NAME OF DECE		TON. L	D. PRICE	-	2. DATE AN	1/6/7/	Н	1,000	
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL REST		e deceased lived. If	institution:	residence betare admission	n)
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	C. CITY OR TON	LAND	BAL	SIDE CITY	LIAITS2	Ü
	STOUP	I HOSPI	TAL	9F		TIM		YES X		
	42			TIMORE	E. STREET AND	NUMBER	FIELD RO			_
5.	SEX 6	. RACE	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIR		9. AGE (in years last birthday)	If Und Months	or 1 Yr. If Under 24 Hr. Doys Hours Min.	ıs.
				F BUSINESS OR INDUSTR	11. BIRTHPLACE	(Stole at farei	gn country)	12. CIT	ZEN OF WHAT COUNTR	RY?
da	ne during most of wo	orking life, even if retired)			MARY	IAND	•		VGA	
13.	FATHER'S NAM	E CONSTANCE	ſ		14. MOTHER'S	MAIDEN NAM	ME	- 4	,141,	_
			PRI	CE	505	SIE	KIRAY			
(Ye	s, no of unknown)	ver in U. S. Armed For If yes, give wor or dote	ces? s of service)	SECURITY NO.	17. INFORMANT				ADDRESS	
X	E5	WWI		210-01-9204	MARY	PRICE	1148 NE	WEI	ELD RD	
	18. Apres Acc	41		CAUSE OF DEAT	H		/		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
		OR CONDITION DIS EADING TO DEATH	(EC1LY	4.4944504475.64		C. V.	4		9 days	
	heart lailure, as	meon the mode of sthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE			***********	, ougs,	
		ication which caused	aeam.J							
		CONDITIONS, if	any, giving	(B)DUE TO, OR AS	A CONSEQUENC	E OF:	***************************************		********	
	rise to the	above cause (A) CONDITION jast,	slaling the	(c)						
_		11								-
ATIO	OTHER SIGNIFIC TO THE DEATH DISEASE OR COI	ANT CONDITIONS CO BUT NOT RELATED TO TI NOTION GIVEN IN PAR	TE TERMINAL	10000000000000000000000000000000000000						
CERTIFICATION	19A. DATE OF C	PERATION 198 CON WAS PERI	ORMED	WHICH OPERATION	20A-AUTOPS	Y? (Yes or No	IN CERTIFYING C	FINDING: AUSES OF	CONSIDERED DEATH?	
4		WAS UNDERLYING CAUSE OF	218 homeic.	PLACE OF INJURY (e.g., tee, farm, factory, street, o	n or about 21 C. W	HERE DID	(II to Boltime	ore City, giv	ve exact lacation)	_
DIC	21 D. TIME (Month) (Doy) (Year)	(Hous) 21E	INJURY OCCURRED	21 F. HC	INI DID WC	URY OCCUR?			_
MEDI	OF INJURY [APPROX]			ile At Not Whi	• —	- ** #1# 1140				
	22. I certify th	at (1) (this hospital	attended t	he deceased from	10	2/10 1	9 7/_to		10/16 19 71	
		st saw the decease		12//9	19_7/		at in (my) (aur) op	inion dea	th occurred on the dat	te
			ed obove. H	(We) (did) (d id not) 1	lew the bady a	fter death.				
	23A. SIGNATURE	Thon		Ath	nding [] M	ed. [""]	Staff 🔽	238, DA	TE SIGNED	_
	23C. PHYSICIAN NAME (Type	5	0	DEGREE Phy	Di 23D. ADDRESS	rector L	Phys.	10	416/1)	
	NAME (Typ	KERZ	NEA	P HA	57	WAT	LOSE	TT	11	
24/	A- BURIAL CREMA	ATION, 248, DATE	24C. N	AME OF CEMETERY OF CR	MATORY	24D. LC	CATION (C	City, town,	or county) (Stote)	
1	BURIAL	12-20-	71/20	UDON PARI	CEM	131	ALTO.	MA	RYLAND	
25/	DEC 20	1971 Vale	E, Jan	F REGISTRAR	25C. FUNERA	DIRECTOR	500/ Hn	ne-	TADDRESS 5311	7
VS	150-REV- 1/1/68				WELKE	1.010	C17/ //U	1115 6	- (11119R1450 N	4

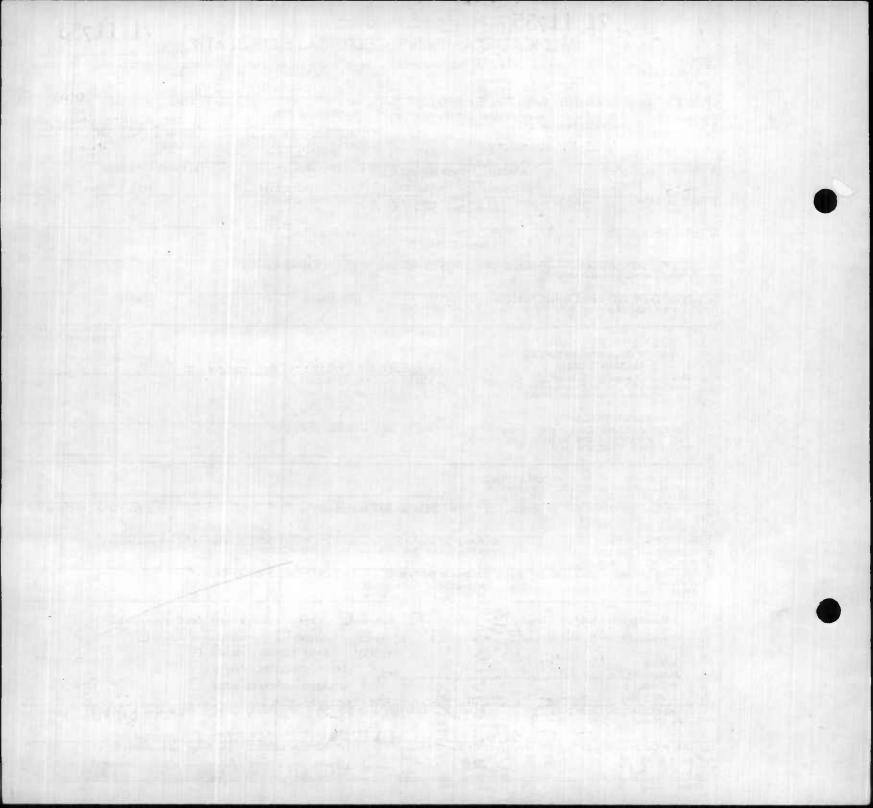


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

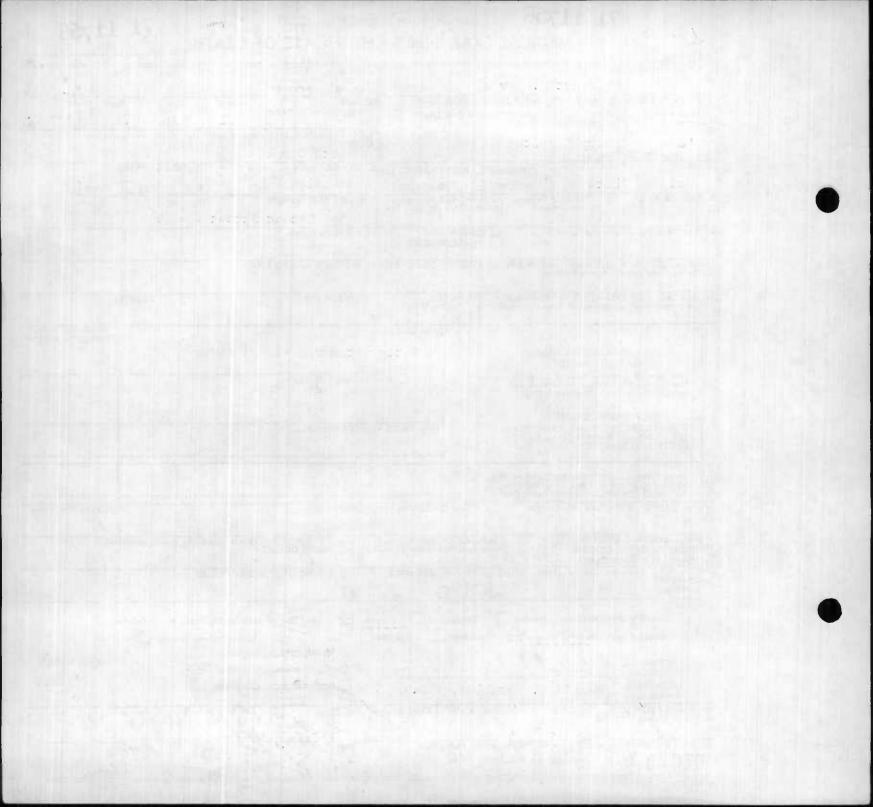
1	G-350 71 11m		HEALTH DEPARTMENT	REG. No. 71 11754					
	BIRTH NO.)4 CERTIFICA	TE OF DEATH						
	(Type or Print)	Produir JR	2. DATE AND HO	UR OF DEATH					
	3. PLACE IN BALTIMORE, MARYLAND, WHER		4. USUAL RESIDENCE (Where dece	cosed lived. If institution; residence before compassion					
ŝ	FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET NI	Mossyland C. CITY OR TOWN	D. INSIDE CITY LIMITS?					
	46	/ / /	Battomore	YES NO NO					
de:	Latheron 1+	espital	E. STREET AND NUMBER	View Way					
s ma	1// -02	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGI lost bit	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
- L	done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign cou	niryl 12. CITIZEN OF WHAT COUNTRY?					
dispositio	13. FATHER'S NAME	armeran 1456.	14. MOTHER'S MAIDEN NAME						
disp									
final	15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of	Service) SECERITY NO.	17. INFORMANT	ADDRESS 1/49 Charle					
	18.	CAUSE OF DEATH	CONSTANCE (1000WIN (wife) vew					
d or	DISEASE OR CONDITION DIRECT	CAUSE OF DEATH	Cercloral, Augy	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
E	LEADING TO DEATH (This does not meen the mode of dying, e.g.,								
bal	heort loilure, asthenia, etc. Il meons the diseases injury or camplication which caused deeth.)								
E	ANTECEDENT CAUSES Overdose et Poridan								
are	DISEASES OR CONDITIONS, il any, rise la lhe abave cause (A) sla	DISEASES OR CONDITIONS, il any, giving DUE 10, OR AS A CONSEQUENCE OF:							
ains	UNDERLYING CONDITION last.	13/10	***************************************						
rema	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TE DESCRIPTION OF THE DEATH OF THE TENTH OF T								
e the	DISEASE OR CONDITION GIVEN IN PART 1 (194) DATE OF OPERATION 198 CONDITION WAS PERFORM	ON FOR WHICH OPERATION	Cos Po Par Hall	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?					
before	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., Ir home, form, factory, street, of	ar about 21 C. WHERE DID	(If in Bollimore City, give exect location)					
78	101	elc.) Itome out 21E INJURY OCCURED	1149 Char						
aine	OF INJURY (APPROX.) OF INJURY (APPROX.)	While At Not While Work		Dovi dan					
obti	22. 1 certify that (i) (this hospital) at	rended the deceosed from	2-4-71 19	10 12-14-21 19					
pe	that (I) (we) lost sow the deceased of	/		my) (our) opinion death occurred on the date					
must	and haur and from the couses stated a	bove. (1) (We) (did) (did net) v	lew the body ofter death.	23B. DATE SIGNED					
m In	amoj me	Atter	nding Med. Staff Phys.	12-19-71					
approval	23C. PHYSICIAN'S NAME (Type)		230. Address 2 730 Ashburtor	. Street Baltimore 1/2/21					
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C, NAME of CEMETERY OF CRE	MANATOM Y24BOAR	DOF MARY TOWAYND (State)					
written		NAME OF REGISTRAR	THE WHILL COR OR WE	DICAL SCHOOLARSS					
*	DEC 20 1971 DEC 4 C	Boy M.D.	MODTHADY	CERUCE DOWN					
	VS 150-REV. 1/1/6B								



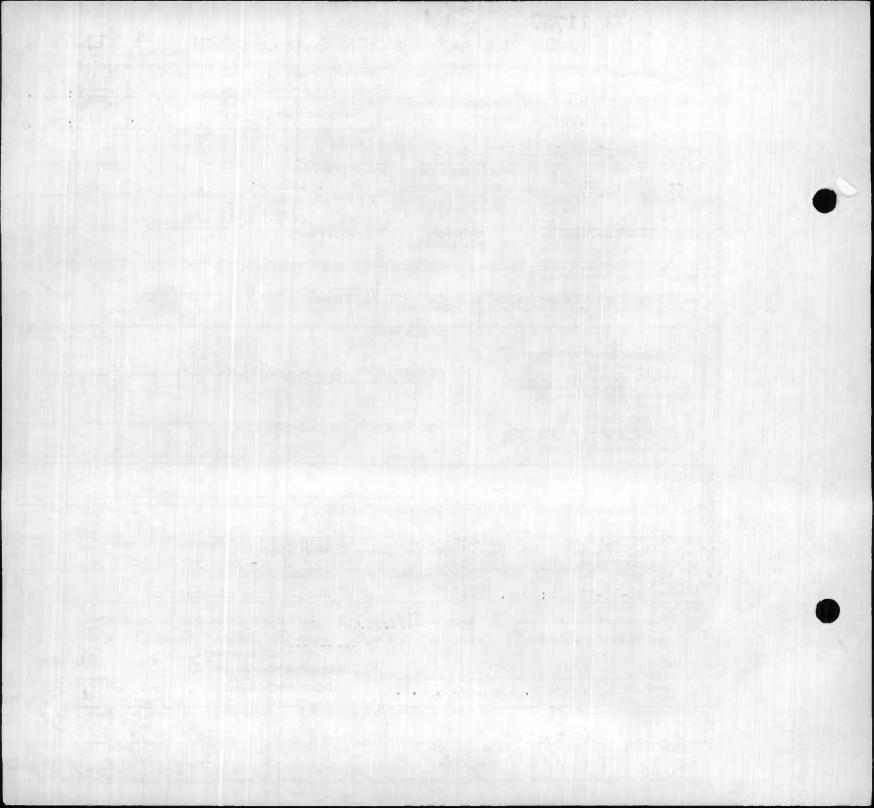
				WHAT COUNTRIT			
4A lon	USUAL OCCU e during most of w	PATION (Giver orking life, ev	e kind al work 148. KIND en if retired)	OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN	NAME	
6. Ye	WAS DECEASI	(il yes, give	U.S. ARMED FORCEST	17. SOCIAL SECURITY NO.	18. INFORMANT	ADD	RESS
	(This does not heart toilure,	LEADING TO of meon the osthenia, etc.	TION DIRECTLY DEATH mode of dying, e.g., It meons the disease, ch coused death.)			ed cause of death	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
NO	DISEASES O	NTECEDENT OR CONDITI E ABOVE CA IG CONDIT	ONS, IF ANY, GIVING USE (A) STATING THE ION LAST.	(B) DUE TO, OR	AS A CONSEQUENCE OF:		
CERTIFICATION	TO THE DEA	CONDITION	DITIONS CONTRIBUTI RELATED TO THE TERMIN GIVEN IN PART 1 (A).		/AS PERFORMED	2	I. AUTOPSY? (Yes or No)
MEDICAL O	UNDERLYING UTING CA	USE OF DEA	TRIB-	nome, form, loctory, street, offi	ce bldg., eic.) INJURY OCCU		ocalion)
_	OF INJURY (APPROX.)	(Month) (I	Poy) (Year) (Hour	WHILE AT NO	T WHILE	INJURY OCCUR?	
		JRE ER'S ype)	Werner U. S	Accident Sulci	D. ASSISTANT MEDICA ASSOCIATE MEDICA ASSOCIATE MEDICA	AL EXAMINER	DATE SIGNED 9-8-71 (Stote)
25	A. DATE REC'D			AME OF REGISTRAR	NIVE CITY I	MEDICAL SCHOOL	al.
0	EC 20 1	971 (2	But E. Parbe	, KD.	MORTHA	EV SERVICE	ROW
13	151-REV. 1/1/68		1 2	San	0 4 7 5	9 / Brain and	



1)-12	9 1	MED	ICAL E	SAMINER'S			DEAT		71 11	1756
BIRTH NO.					3E/(1/11)	CATE OF	ואכו	REG. NO		
1. NAME OF DE (Type or Print)		hort C	. Davis		2. DATE OF	Known 🔲	Month	Day	Year	Hour
4. PLACE IN BA				OUNCED DEAD	DEATH 3. DATE	Estimated	Month	Davi	Year	Hour
FULL NAME OF HOSPITAL OR INSTITUTION				TION, GIVE STREET	PRONO	UNCED DEAD	11	18	71	13:40 p.
Mercy Hospital					II A. STATE	ESIDENCE (When th Carolin		B. COUNTY	on: residence	belare admission)
6. SEX	7. RACE		8. MARRIED	NEVER MARRIED	C. CITY OF	NWOT		D. INSIDE C	ITY LIMITS?	
male White WIDOWED DIVORCED				11	leigh		1	res 🗌	NO 🗌	
9. DATE OF BIRTH 10. AGE (in years # Under 1 Yr. Under 24 Hrs.						6 Cutler S	tweet			
II. BIRTHPLACE	State or lorei		12.	CITIZEN OF	13. FATHER		rreer			
				WHAT COUNTRY?						
14AJUSUAL OCCU	JPATION (Giver working life, ex	re kind of work on if relired)	14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	WE			
16. WAS DECEAS	SED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	MANT		-	DDRESS	
(roughout diminow)	1) (1. 703, 8110	wor ut doles	or service)	SECORITE IVO.						
19.	181			CAUSE OF DEA	TH					PROXIMATE INTERVAL ZEEN ONSET AND DEA
DISEAS	SE OR CONE	MON DIRE	CTLY	Fatty	metam	orphosis o	f live	er		TEN GIVET AND DEA
(This does	LEADING TO			(A)IMMEDIATE C						
heart failure	nai mean the e, asthenia, éta mplication whi	. It means the	disease,	DUE TO, OR	AS A CONSEC	UENCE OF:				
infort at co	mplication with	cu cansed dec	iii.)							
	NTECEDENT			(B)	15 1 50 105					
RISE TO TH	OR CONDITI	USE (A) STAT	ING THE	DUE 10, OK	AS A CONSE	QUENCE OF:				
Z UNDEKLTI	NG CONDIT	ION LAST.		(c)						
U TO THE DE	ATH BUT NO	RELATED TO	ONTRIBUTING							
20A. DATE O	F OPERATION			WHICH OPERATION W	S DEDECTE	IED			21 AUTO	DCVn (Ves os Ne)
0 2				THE STERATION TO	AS PERFORMED 21. AUTOPSY? (Ye yes					
22A. EXTER	NAL CAUSE	WAS	228.	PLACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	If in Baltima	ra City, give ex	-	
UNDERLYING UTING CA			hom	PLACE OF INJURY (e.g., e, form, lactory, street, office	bldg., etc.) il	NJURY OCCUR?				
≥ 22D. TIME		ay) (Year) (Hour) 2	ZE.INJURY OCCURRED	2	2F. HOW DID IN.	URY OCCI	JR?		
OF INJURY (APPROX.)			m \	WHILE AT NOT AT W	WHILE					
23.										
100	tify that I h			Inspection Au	lopsy KX	and that on the	is basis,	death in my	opinion	
resul	ited from: N	latural cau	ses KX A	ccident 🔲 Suicid	e Ho	omicide 🔲 1	Undetermi	ned manner		
ACTUAL	X	1	11/1	111		CHIEF MEDICAL E	XAMINER			DATE SIGNED
SIGNAT	//	uld	11/4	M.D	ASSI	STANT MEDICAL E	XAMINER 3	XXX		
EXAMIN NAME (Type) K	onald N	. Kornb	olum, M.D.	ASSO	CIATE MEDICAL E	XAMINER			11/19/71
24A. BURIAL CRE REMOVAL (Spec	MATION, 2	19 -16	-71 24	IC. NAME of CEMETERY	CHEVIATE OF	MY BJA	DEATION	FAVR	n or com	(State)
25A. DATE REC'D	BY HEALTH	DEPT.	258 NAME	OF REGISTRAR	NIMARS	UNERAL DIRECTO	FNIC	H CC	TOO I	
DEC 20		Violent !	Jarbe	, ACD.	111	The light of the second	EUICI	AL DU	HOUL	
VS 151-REV. 1/1/6			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			KAHARA	4 (4) (4)	Mer	PAT	77
	-		4			F ()		The second second	ALC: No. of Street Line	



VS 151-REV. 1/1/68



FULL NAME OF	(IF NO	TIN HOSPITAL OR INS	TITUTION, GI	VE STREET	PROI	NOUNCED DEAL	Decembe	r 18, 19	71 2	2:00 A.
HOSPITAL OR INSTITUTION	UTHERAN	HOSPITAL	AM	ENDE	5) USUA A STATI	RESIDENCE (Maryland	Where deceased liv	red. If institutions B. COUNTY	residence belon	ne admission) 7/6
6. SEX	7. RACE		RIED ANEN	ER MARRIED	l	OR TOWN		D. INSIDE CIT	Y LIMITS?	
Male	Neg			DIVORCED	J	timore		YE	S NO	
9. DATE OF BIRT	1915	lost birthdoy) 56	Months Da	r. II Under 24 Hr ys Hours Mi	47	1 AND NUMBE 2½ Homer				
BIRTHPLACE		des		COUNTRY	5 5	Bmu€	el C	-ow d	ber	
14A-USUAL OCCU	JPATION (Giv working lile, ev	e kind of work 14B. KINI en ifretired)	OF BUSIN	ESS OR INDUST	RY 15. MO	HER'S MAIDEN	NAME	,	7	
Shipye	and y	Yorken			0	9281.	e Cho	owa	er	
462	ED EVER IN	U.S. ARMED FORCE	5? 17. St	OCIAL ECURITY NO.	18. INF	ORMANT		AD	DRESS	
191	961	X		CAUSE OF DE		1 6 1				ONSET AND DEATH
DISEAS		MON DIRECTLY				und of A				
(This does	LEADING TO			(A) IMMEDIATE	CAUSE		baomen			
heart failure injury or co	e, asthenio, etc. mplication which	mode of dying, e.g., it means the disease, th coused death.)		DUE TO, OI	KAS A CON	EQUENCE OF:				
						197				
	OR CONDITION			DUE TO. O	R AS A CON	SEQUENCE OF:				
UNDERLYI	E ABOVE CAL	ONS, IF ANY, GIVING USE (A) STATING THE ON LAST.								
<u>S</u>				(c)						
OTHER SIGN TO THE DE DISEASE OF 20A. DATE O	NIFICANT CON	II IDITIONS CONTRIBU RELATED TO THE TERM GIVEN IN PART 1 (A)	TING							
20A. DATE O	F OPERATION	208. CONDITION	FOR WHICH	OPERATION V	NAS PERFO	RMED			21. AUTOPSY	(Yes or No)
								0.73		yes
OLIMPEDIA	NAL CAUSE	WAS	228. PLACE	OF INJURY (e.g	, In or obou	22C. WHERE D	ID (If In Boltimon	City, give exac	t location)	1 301
品 UTING □ CA	USE OF DEA	TH.	Edmond	son Cafe	ion programme	604 N.	Poplar Gr	cove Str		0.6
OF INJURY	(Month) (D	ay) (Year) (Hou		URY OCCURRED		22F. HOW DIE	INJURY OCCU	R?		
(APPROX.) 1	2-18-71	1:00 A	m. WHILE AT	AT AT	WORK	Shot d	uring att	tempted	holdup	
	lify that I he	eld on Inquiry	7 Instal	ection 🔲 A	utopsy X	and that a	on this basis, o	J4- t-		
		otural couses	Acciden			Homicide X		_	-	
		1 2	/ /	Jule	104 []		AL EXAMINER	ed manner _	,	
ACTUAL		hed U	Mu	61	A	SISTANT MEDIC			DAT	E SIGNED
SIGNAT			/	M.	D.	SOCIATE MEDIC	1		40.4	. 0. 1
NAME (Type) Ror	nald N. Kor					THE ENGINEER (12/1	19/71
24A. BURIAL CRE REMOVAL (Speci	MATION, 2	48. DATE	24C. NAN	NE of CEMETER	or CREMA	TORY 2	4D. LOCATION	(City, town,	or county)	(State)
Buria	1	2-12-11	mit	Hubi	unh		Balla	. had	r	
25A. DATE REC'D	BY HEALTH D	EPT. 258 N	AME OF RE	GISTRAR	250	FUNERAL DIR	ECTOR	AD.	DRESS	

25C. FUNERAL DIRECTOR

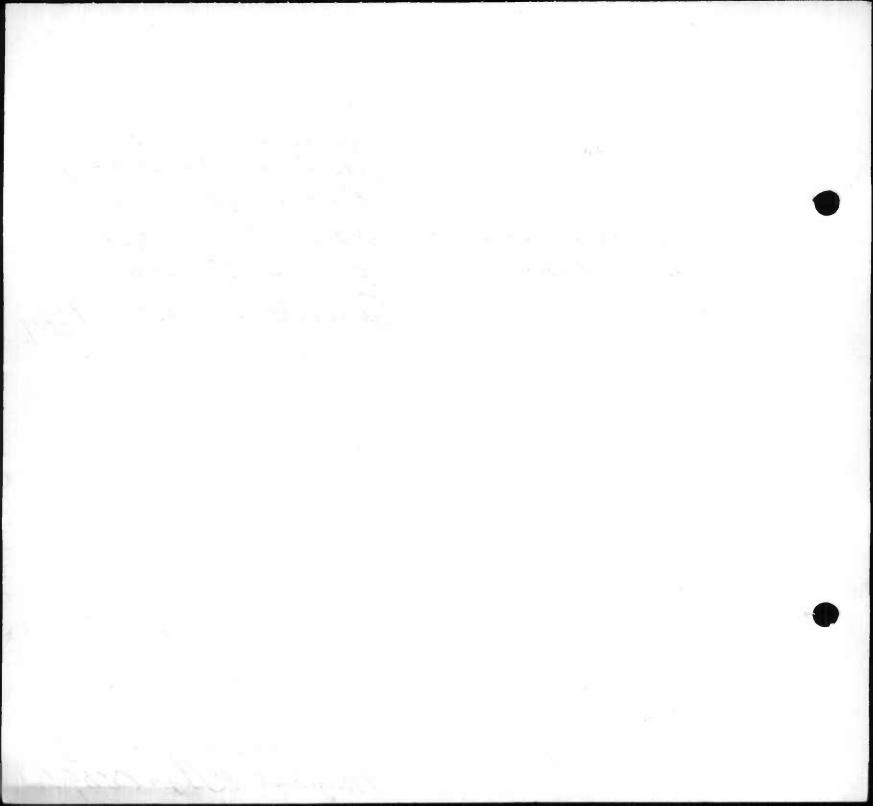
ADDRESS

VS 151-REV. 1/1/68

1-18-72 - Letter from - Office of the Chief Medical Examiner - Ronald N. Kornblum, M.D. Assistant Medical Examiner

HRS

1		B-260 71 11759 BALTIMORE CITY HEALTH DEPARTMENT
and ased the the		RTH NO.
deat deat ease n th		Pe or Print 2. DATE AND HOUR OF DEATH
호	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
hospi use o (5) D lance deat	HC	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OF LOCATION)
use; tende	13	BALTIMURE VES NO
E C C C C C C C C C C C C C C C C C C C	3	BALTIMORE GENERAU E. STREET AND NUMBER LOS PRINY.
- 3 0 E	S. :	morrial to the second
contrib contrib letermin n regule eceased on is ma	F	EMALE BLACK WIDOWED DIVORCED 9/19/19 8 lost birthdog Months Doys Hours Min.
dete in r ion i	don	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Jensen & Mark of Working Sife, even if refired) AT HENVE A. A. C. M. D. 12. CITIZEN OF WHAT COUNTRY:
de Un Vas	13.	FATHER'S NAME
direct or color, (4) Under the was in the dece	U	WILL BITTS AMOLIA TURNON
ind ind eaf	(1e	Was Deceased Ever In U. S. Armed Forces? s,no or unknown! (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.
if the into keed danced dance or fin	-	18.21 3 CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH
d d d		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
r or h		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,
act act		injury as complication which coused death.)
xami xami) Afr who who reg		DISEASES OR CONDITIONS, if any, giving (B) ALZHEIMER'S DISEASE DUE TO, OR AS A CONSEQUENCE OF:
1 0 C c.5 v		underlying condition (ast. (c) URINARY TRACT INFECTION
dical rns; sicia was main	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
f med medic y burr physi ian w e rem	ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). ANGMIA USE OF CONDITION GIVEN IN PART 1 (A).
Bod Bod the ysic	CERTIFICATION	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
the all by all controls of the efort		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? PEATH (notify medical examine) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?
d Name of the state of the stat	ā	21D. TIME (Month) (Day) (Year) (Hand 21E INTURY OCCURRED 21E HOW DID INTURY OCCUR
e hosp natur cept v nd (6)	×	OF INJURY (APPROX.) While AI Not While AI Work
og tree		22. i certify that (1) (this hospital) attended the deceased fram 12-1 19 £1 to 12-18 19 £1
0 7 0 2		that (1) (we) (ast saw the deceased alive an 12 - 18 19 + 1 and that in (my) (aur) apinian death occurred on the date and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death.
dear dear dear		23A. SIGNATURE 23B. DATE SIGNED
E ST CE		Ale de La Cara Phys. Attending Med. Director Stoff Director 12-18-71
An a An a prior		NAME (Type) NOP A / DE / A D A SOUTH DATE OF THE SOUTH O
A B B B B B B B B B B B B B B B B B B B	24A	BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel
This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospideceased prior to dea written approval must	25A	DATE STORY MALLE & CHUNCH MARLOY - A. A. CONT
This cathe be shows was Decea decea writte	n	FC 20 1971 Police C. Faller M.D. 125C. FUNERAL DIRECTOR ADDRESS MANY OF MEDICAL DIRECTOR ADDRESS MANY OF MANY
	VS	150-REV. 1/1/68



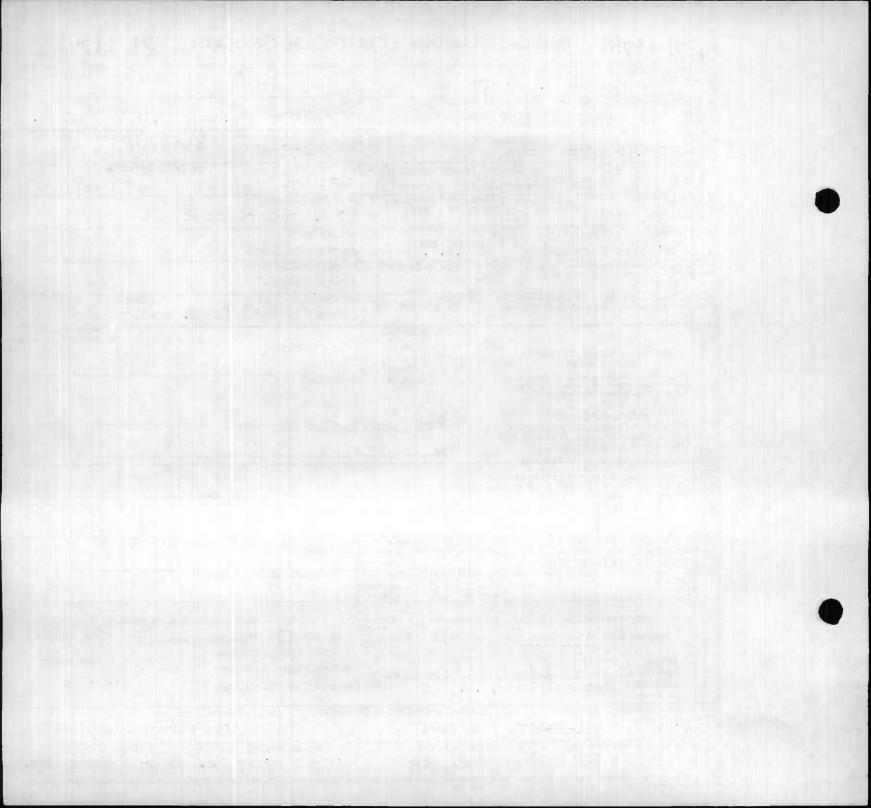
HRS

M243

BIRTH NO. 11761 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 11761
I. NAME OF DECEASED (Type or Print) MICHAEL L. McCLOUD	2. DATE Known Manth Day Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) OR INSTITUTION	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD December 17, 1971 8:20 A.
503 S. Bradford Street	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED Married Mile WIDOWED DIVORCED	D = 1 to 2
9. DATE OF BIRTH March 19, 1956 10. AGE (in years left Under 1 Yr. II Under 24 Hrs. Months; Days Hours Min.	E. STREET AND NUMBER 503 S. Bradford Street
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY?	James McCloud
14AUSUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working lile, even litretired) Student	Joyce Campbell
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no er unknown) (II yes, give wor or dotes of service) NO SECURITY NO.	James McCloud 503 S. Bradford Street
(A) IMMEDIATE C (This does not mean the mode of dying, e.g., heart lotture, at heart lotture, at heart lotture, at heart lotture at heart lotture. (A) IMMEDIATE C DUE TO, OR A ANTECEDENT CAUSES	nous narcotism
	yes
DITING CAUSE OF DEATH. 22D. TIME (Monih) (Doy) (Year) (Hour) 22E.INJURY OCCURRED NOT (APPROX.) 23.	and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 12-21-1971 Oak Lawn	or CREMATORY 24D. LOCATION (City, town, or county) (Stote) Baltimore County, Maryland
DEC 20 1971 Page E. Jabe, M.D.	25C. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc. 1901-07 Eastern Ave.

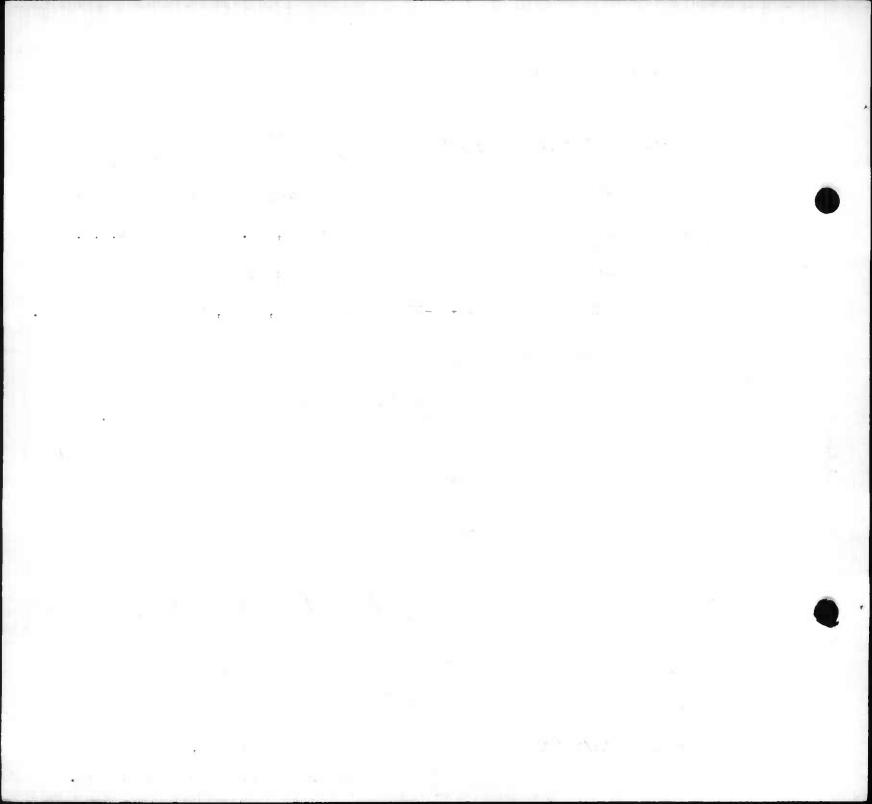
VS 151-REV. 1/1/68

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1+5	120	1
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in required causes.	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
•	th occurre contribut	eceased pour
STANT	sistant if dethe direct o kind; (4) Undethe	inal disposit
IMPOR	r or his as. Also, if ure of any	almed or f
FUNERAL DIRECTOR: IMPORTANT	examiner (3) A fracting who pro	in regula is are emb
IERAL DI	ief medical a medical ody burns;	ician was the remain
FUN	i by the ch spital by rure; (2) Bo	5) No physed before
9	e approved d to the ho of any nat	th); and ((t be obtain
	ate must b as released a accident at a hospi	ior to dear
	his certificate body we hows: (1) A ras D.O.A.	ritten app

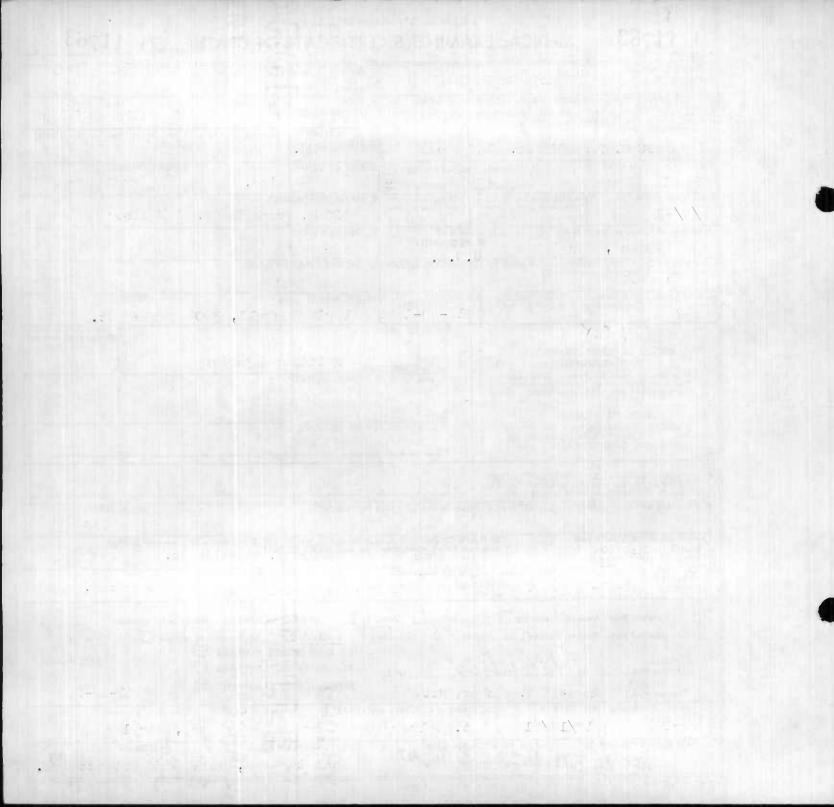
\parallel	BALTIMORE CITY	Y HEALTH DEPARTMENT
	71 11762 CERTIFICA	ATE OF DEATH REG. NO.71 11762
- 11	I. NAME OF DECEASED Type or Printl	2. DATE AND HOUR OF DEATH
	HINES NATHAMIEL	12/3/71 3.05
	3. PLACE IN BÁLTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission B. COUNTY
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD BALTIMORE 1510
- -	INSTITUTION	C. CITY OR TOWN BARTIMORE D. INSIDE CITY LIMITS? YES TO NOT
	Sing' Hospital Baltimore	E. STREET AND NUMBER
	7 3	4010 Springdale De #7
	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 16. If Under 24 Hrs. Months Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY
1	lone during most of working life, even if retired) Step Pourer	Wadley , Ga. U.S.A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Sumpter Hines	Rosa Scott
1	5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) [Uf yes, give war ar doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Yes WWII 218-03-1182	Alma Hines, Vife, 4010 Springdale Ave.
	18. / 9 7 7 1 CAUSE OF DEATH	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
Ш	(This does not mean the mode of dying as (A)IMMEDIATE CAU	JSE Adeno Carcinoma. A CONSEQUENCE OF:
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES MO Fo	4 hosis to Liver
I	DISEASES OR CONDITIONS, if any, giving DUE TO, ORAS	A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)	nal offeron.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	I OAA ALLON BOUR IV
100	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
241	AS CONTRACTOR OF THE OWN TO SEE THE	n or about 21 C. WHERE DID (If In Boltimore City, give exact location)
	21D. TIME (Month) (Dov) (Year) (Hour) 21E INITIAL OCCUPRED	21F. HOW DID INJURY OCCUR?
	[[AFFRUX.]	
	22. I certify that (I) (this hospital) attended the deceased from/	1/26: 1
	that (i) (we) last saw the deceased alive an	19 H to 12 13 19 H
	and haur and from the causes stated above. (i) (We) (did) (did nat) vi	19 and that in (my) (our) opinion death occurred an the date
	23A. SIGNATURE	238 DATE SIGNED
	Phys	nding Med. Stoff TV 10 /11/21
	OR DEVICE AND STREET	SINAT HOSPITAL,
2	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREATERY O	361411
	Burial 12/18/71 Woodlawn Cemet	
2	A DATE REC'D BY HEALTH DEPT 1050 MANE OF RECISEDAD	25C. FUNERAL DIRECTOR ADDRESS
	25 20 1971 Valent E. Faiber, M.D.	Kenneth Law 4611 Park Heights AVe.
V	150-REV. 1/1/68	



C 455

BALTIMORE	CITY	HEALTH	DEPARTME	N.

BIRTH NO. MEDICA	AL EXAMINER'S (CERTIFICATE OF DEATH REG.	No.1 11763
1. NAME OF DECEASED (Type or Print) MILDRED (COLEMAN	2. DATE Known Month Doy OF DEATH Estimated	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION) OR INSTITUTION 938 W. Franklin St	NSTITUTION, GIVE STREET	3. DATE Month Doy PRONOUNCED DEAD 12 12 5. USUAL RESIDENCE (Where deceased lived. If Institute A. STATE Md. B. COUN	Year Hour 1971 5:30p Multion: residence before admission)
6. SEX 7. RACE 8. MA	ARRIED NEVER MARRIED	C. CITY OR TOWN D. INSI	DE CITY LIMITS?
E	OWED DIVORCED	Balto.	YES 🔼 NO 🗌
9. DATE OF BIRTH 10. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		nd floor
Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Andrew Thompson	
I 4A.USUAL OCCUPATION (Give kind of work 14B. K) done during most of working life, even if reffred) HOUSEWILLE			
14. WAS DECEASED EVER IN U.S. ARMED FOR	ES? 17. SOCIAL	IS. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of serv	212-40-1861	Gloria Duckell, 3404 S	unlea Ct.
LEADING TO DEATH (This does not mean the mode of dying, e., heart foilure, osthenia, eic. it means the diseas injury or compilication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO THE TED DISEASE OR CONDITION GIVEN IN PART 1 (CONDITIONS CONDITIONS CONDITION	NG (B) DUE TO, OR A	CAUSE Multiple injuries AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	
	A)-	AS PERFORMED	21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., home, farm, lactory, street, office nome	in or obout 22C. WHERE DID (If in Bolitmore City, give bldg, etc.) INJURY SCHIR? Franklin St.	e exact location)
22D. TIME (Month) (Doy) (Year) (HOD) (APPROX.) 12-12-71 ?	while AT NOT WORK AT W	WHILE Apparently beaten by	boyfriend.
I certify that I held an Inquiry resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S		CHIEF MEDICAL EXAMINER	
24A. BURIAL CREMATION, PAREMOVAL (Specify) Burial 12/17/71	Mt. Calvary	The state of the s	town, or county) (Stote) Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR M.D.	ZSC. FUNERAL DIRECTOR Kenneth Law , 4611 Pa	ADDRESS
VS 151-REV. 1/1/68 V 8 / 9		1 4 7 5 9	



/	2	2	4	4	yeny	C	A
-	NO.		J.	1	1	U	71

REG.	No.	71	1	1	7	6	4
KEG.	NO.			-	9	_	-

8	BALTIMORE	CITY HEALTH DEPARTMENT REG. NO.71 11764
the	DIKITI IVO.	CATE OF DEATH REG. NO. 1 11/04
E S	(Type or Print) Nashington, Joan	2. DATE AND HOUR OF DEATH Dec 18,1971 10:50 A.M.
- other	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
attend ior to	Baltimore City Hospitals	Baltimore YES X NO
	4940 Eastern Avenue	E. STREET AND NUMBER
de.	Baltimore, Md. 21224	2000 Madison Avenue 21217
gula:	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	lost Dirindayi Months! Days ! Hours! Min.
regul eased is ma	Female regro WIDOWED DIVORCED	X 11-1-1937 34
- 0 5	to A. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDU:	
70	Sales Clerk	Maryland, Baltimore U.S.A.
the the	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
h t	Donald Smith	Hazel Howell
E 0-	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
de	216-34-4479	Records: BCH-4940 Eastern Avenue 21224
dan	18.2 / D. / 1 CAUSE OF D	
den a	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
att me	LEADING TO DEATH	
ar	neon willing, deinenia, etc. it means me discose,	AS A CONSEQUENCE OF: GAS Pits
9 2	Injury or complication which coused death.)	
	ANTECEDENT CAUSES (B) Fer	wrafed Sigmoid diverginalities 2 weeks
	rise to the chove cause (A) stating the	perato ou to,
an ns a	UNDERLYING CONDITION lost. (C) STER	igo + immuno suppressive therapy 10 mos.
/sicia was main		
physician an was ir remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 21B PLACE OF INJURY (C)	al cadaveric homotransplant (0 mos
	DISEASE OR CONDITION GIVEN IN PART 1 [A].	****
	WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- C	Con Constitution of the Co	rg., in or about 21C. WHERE DID (If In Baltimore City, give exact location), office bidg., INJURY OCCUR?
where No pl	DEATH (notify medical examine) home, farm, factory, street	Conice bidg, Injust occurs
3 7	210. TIME (Manth) (Day) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ine (6)	OF INJURY (APPROX.) While At No! \(\text{No rk} \)	While re-
and (6) l	22. I certify that (i) (this heaptal) attended the deceosed fram	Alan and
0 0	that (i) (we) lost sow the deceased clive on Dec 18	
th b	and hour and fram the causes stated above. (1) (#E)(did) (did	
death) must be	23A- SIGNATULE	238. DATE SIGNED
hospital (to death); al must be	Chilarte Stend I us	Attending Med. Staff
-	23C. PHYSICIAN'S	
prior	NAMETTYP Sylvester Sterioff	4540 bastern Ave., bartimore, ad.
was D.O.A. at a deceased prior t written approva	24A- BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETERY of	
Se I	12=23=71Burial 12=23=71 Blandforf Cem	
interest	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	3,
de de	DEC 20 1971 Pale & E. Jaber M.D.	Morton & Dyett F. H. 1701 Laurens St.
	VS 150-REV. 1/1/26 0 9/1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Thorton & Dyell 1. II. 1/01 Laurells 3L.

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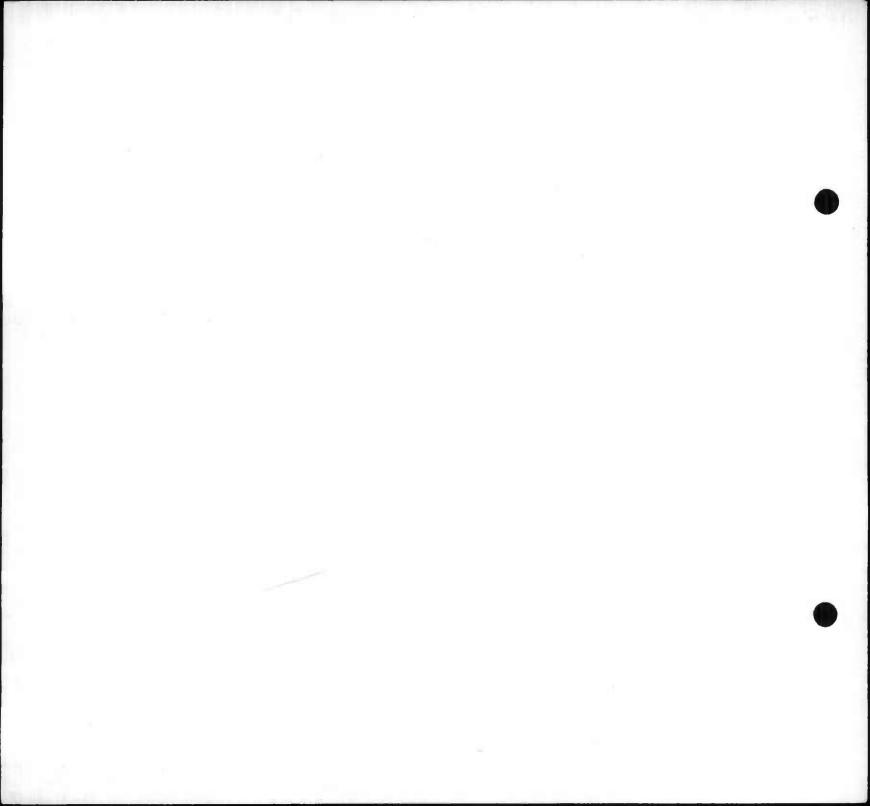
VS 150-REV. 1/1768

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RA	MIT IA	ORE	CITY	HEALTH	DEPAR	TAREN

44200 100

BIRTH NO. 11765	CERTIFICA	TE OF DEATH	REG. NO.	1 11	765
I.NAME OF DECEASED (Type or Print) HAMLET W	ILLIAM		118/1971	H at	7.05 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived, If	institution: r	esidence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN		ISIDE CITY L	1608
Lutheran Hospital of M	Tankand	Baltimore M	10 21229	YES	NO
730 Ashburton Streets Boultimore Md 11216		E. STREET AND NUMBER 4106 ROKED	,4 Rd.		
WIDOWED	DIVORCED	5/13/1918	9. AGE (In yeors lost birthdoy)	If Under Months	T 1 Yr. If Under 24 Hrs. Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITI	ZEN OF WHAT COUNTRY?
	man Giepe	Chay lotte Uil	le Virgi	ala -	U.S.A.
15. Was Deceased Ever in U. S. Armed Forces?	1 6 SOCIAL	Susie H	Amlet	<u> </u>	
(Yes, no or unknown) (If yes, give wor or doles of service)	SECURITY NO.	INFORMANT I	6 /		ADDRESS
110	212-69-1191	Kolher HA	met	4106	- Kokeby Ko
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	Meningi-	tis		To day
(This does not meen the made of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury ar complication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:			o cays
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			***************************************
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)				
11	(0)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Diabe	tes and Hyp	pertension	ח	
19A DATE OF OPERATION 19B CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING C	FINDINGS AUSES OF	CONSIDERED DEATH?
DEATH (notify medical examiner) 21B. home etc.)	PLACE OF INJURY (e.g., in s, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltime	ore City, give	e exact location)
TIDE IN HIPY	INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?		
(APPROX.) While Work	Not While				
22. I certify that (1) (this hospital) attended th	e deceosed from 12	-/16/1971 19	9ta_12_	118/1	<u> </u>
that (1) (we) last saw the deceased alive an			t in (my) (our) or	inion deat	th occurred on the date
and hour and from the causes stated above. (1)	(We) (did) (did not) vi	ew the bady after deoth.			
23A. SIGNATURE	Augs			23 & DAT	E SIGNED
Jenkar	OEGREE Phys.	ding Med. Director P	Staff Phys.	12	1/13/1971
23C. PHYSICIAN'S NAME (Type) Do SURESH	PENKAR	Luth Ho	sp. of 1	Many	and
24A BURIAL CREMATION, 24B. DATE 24C, NA.	ME of CEMETERY OF CRE	WATORY 24D/ 10	CATION /	City, town, o	r county) (Stote)
DUVIN 12-22-71 AND 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF	patus 1	25C, FINERAL PIRECTOR	+ Ho V	Ud	ADDRESS /
	Taber M.D.	Man Sinector	Diett	FIL	1901-1 A1100



		BALTI	MORE	CITY	HEALTH	DEPARTME	N
}					_		

Des	RTH NO.		MED	ICAL E	EXAMINER'S	CERTIFI	CATE O	F DEAT	H REG. NO.	1 1.1	L766
1.	NAME OF DEC		erry R	obberso	on	2. DATE OF DEATH	Known 🖾 Estimated [Month 12	15	Year 71	Haur M.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, Y	HERE PRON	OUNCED DEAD	3. DATE		Manth	Doy	Yeor	Hour
	L NAME OF	(IF NOT	IN HOSPITA	L OR INSTITU	TION, GIVE STREET	PRONO	UNCED DEAD	12	15	71	8:13 P. M.
	708 Vine Street				A. STATE	ESIDENCE (Wh Maryland	ere deceased liv	ed. If Institution B. COUNTY	n: residence	before oddission)	
6.	SEX	7. RACE		8. MARRIED	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					1000
	Male	Negr	0	WIDOWED	DIVORCED	l E	altimore		Y	ES X	NO 🗆
9. [DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hr			Under I Yr. II Under 24 Hrs. nihs; Days; Hours; Min.		ND NUMBER					
	7-2-62		9	,,		7	01 W. Mu	lberry	St. Apt	. 110	
11.	BIRTHPLACE (S	tate or lorely	n country)	12.	CITIZEN OF	13. FATHER					
	Baltimor				WHAT SOUNTRY?		John Rob				
I 4A	USUAL OCCU	PATION (Give	kind of work	148. KIND O	BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	AME			
	a and turk most or a	orking me, eve	in in territory	St	udent		Shirley	Harris			
16.	WAS DECEAS	ED EVER IN	J.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR!	TAAN		A	DDRESS	
	s, no or oraniown	(ii yes, give w	di oi duiss	or service)	Jecokiii itto.	Mr	s, Carol	Harris	701 W.	Mulb	erry St.
	19.	60.	X		CAUSE OF DEA	TH					PPROXIMATE INTERVAL
CERTIFICATION	(This does no heart foilure injury or cor AI DISEASES (RISE TO THI UNDERLYIN	E OR CONDI LEADING TO or mean the or sthema, etc. aplication which INTECEDENT OF EABOVE CAL GONDITION EABOVE CAL GONDITION CONDITION EABOVE CAL	DEATH mode of dy if means the h coused dec CAUSES DNS, IF ANY JSE (A) STA ON LAST.	ing, e.g., disease, ath.) 7, GIVING TING THE	(B)	CAUSE B1		ıry			
RTIFIC	DISEASE OR	ATH BUT NOT CONDITION	GIVEN IN P	ART 1 (A)-	R WHICH OPERATION W	AS PERFORM	(ED			21. AUT	OPSY? (Yes or No)
2	21										Yes
MEDICAL	22A. EXTER UNDERLYING UTING CA		TRIB-	228 hor	PLACE OF INJURY (e.g., ne, form, factory, street, office house	in or obout a	NJURY OCCUR	?		oct location)	
Σ			ov) (Yea	BEW.	22E INTITRY DECURRED	2	2F. HOW DID				
	(APPROX.)	12 15	71 Apr	30 % m.	WHILE AT NOT AT V	WHILE VORK	Beaten a	and cut	by unkn	own as	ssailant
	1 cert	Ify that I he	eld on 1	nquiry 🗌	Inspection Au	tapsy 🔀		this basis,			
	ACTUAL SIGNAT EXAMIN	URE_C	atural cau	8	Accident Sulci	ASSI	CHIEF MEDICA STANT MEDICA OCIATE MEDICA	L EXAMINER			DATE SIGNED 12=16-71
	NAME (Char		Springate, M.	D.					
	A. BURIAL CRE	fy)	4B. DATE		4C. NAME of CEMETERY	or CREMATO		D. LOCATION		n, or county	
25	Buria A. DATE REC'D			258. NAN	Mt. Auburn		Y FUNERAL DIRE		nore, Ma	opress	d
	<u></u>	C20	1971	Bert E	Jaber, M.D.	М	orton &	Dyett F.	Н 170	Laur	ens St.
VS	151-REV. 1/176	N8	-34	10/	: 000	1 7	0 3				

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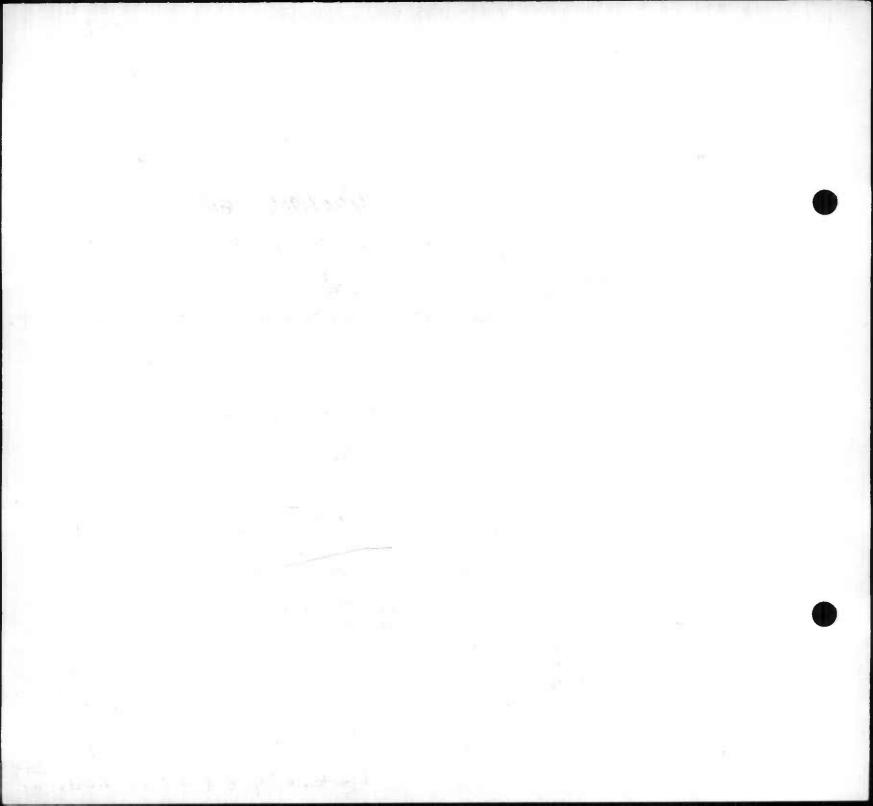
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BAI TIM	ORF CITY	HEALTH	DEPARTMEN	1

	REG. NO.71	1	1	7	6	4
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- houvene

BIRTH NO. 1 1.1757	CERTIFICA	TE OF DEATH	REG. NO.	1/01
1. NAME OF DECEASED (Type or Print) MACK WALTER			HOUR OF DEATH	57 1150 00
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where do	7/1971 of	7.40 A 11) M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO ADDRESS OR LOCATION)		A. STATE B. COUNTY	The state of the s	1603
Lutheran Hosp of Mar		C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
+6730 Ash busten Street-	/	Baltimore E. STREET AND NUMBER	YES	ио
Baltimore, Mg. 21216		1015 N. Moun	t <+ .	
	NEVER MARRIED	8. DATE/OF BIRTH 19. A	GE (In vents II Und	er 1 Yr., II Under 24 Hrs.
WIDOWED	DIVORCED [9/20/1907	histoday! Menths	Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS dane during most of working life, even if relired)	INESS OR INDUSTRY	11. BIRTHPLACE (Stole or loreign	country 12, CIT	ZEN OF WHAT COUNTRY?
Carpen	The	Willochovo.	N.C.	U-S-A
13. FATHER'S NAME	_	14. MOTHER'S MAIDEN NAME		
UNKNOWN		UNKNOU	NO NO	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
2,	19-01-2013	HWWA MAC	K 1015 N.	Mount St.
18./ 5 4-//	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		Packet Comis	141	
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE Kectal Carcir	10ma with	444400000000000000000000000000000000000
heort failure, asthenia, etc. It means the disease, injury or complication which caused death.)		ive abdominal	metastases.	
ANTECEDENT CAUSES	m Dehv	dration and n	nalnutrition	12 days.
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	700117017	12 ciays.
nise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED	15000000000000000000000000000000000000			
19A. DATE OF OPERATION 19B. CONDITION FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FINDINGS CERTIFYING CAUSES OF	CONSIDERED
WAS PERFORMED	4/ -	NO IN	CERTIFYING CAUSES OF	DEATH?
DEATH (nolify medical examiner)	CE OF INJURY (e.g., in im, factory, street, off	or obout 21 C. WHERE DID	(if in Boltimore City, giv	e exoct location)
I = IOF INJURT	JRY OCCURRED	21F. HOW DID INJURY	O CCUR?	
(APPROX.) While At	Not While			
22. I certify that (+) (this haspital) attended the de	ceased from 12	10/1971 19	to 12/17/	14 7/ 19
that (1) (we) last saw the deceased alive on		-1 -	(my) (our) apinion deo	
and have and from the causes stated above. (1) (We) (did) (did-not) vi	ew the bady after death.		
23A. SIGNATURE				E SIGNED
3 enkar	DEGREE Phys.			
23C. PHYSICIAM'S NAME (Type) DR SURESH PEN	L D 2	Lutheran H	osp. of Mo	anyland.
24A. BURIAL CREMATION 1248 DATE 124C NAME.	DEGREE			
Burial 12-21-41 Mt.	Auburn	Cem. Bal	Innexe.	May (3101et
	GISTRAR	SC FUNERAL DIRECTOR	itril	ADDRESS S
DEC 20 1971 Robert E. Jack	en M.D.	Moreton + Dye	U 1- H 1701	- hauvenc



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

	177	4	1	4		0	5
REG.	No.	-	J.	1	1	O	C

T. A. A. A. O. O.	BALTIMORE CITY	HEALTH DEPARTMENT	14 44
71 11768 BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.	<u>'1 11768</u>
1. NAME OF DECEASED (Type or Print) EVA LOCKHART	•	2. DATE AND HOUR OF DEAT	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	TION, GIVE STREET	Maryland C. city ok yown	1511
		Baltimore	VSIDE CITY LIMITS?
4037 Cedardale		E. STREET AND NUMBER	1E3 [X] NO
		4037 Cedardale Road	
F N WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthday) 1/17/29 42	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF I	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired)		Gaffney, S. C.	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Herbert H. Norris		Flora Callaham	
I W D	6. SOCIAL	17. INFORMANT	ADDRESS
	security No. 15-24-8364	Loretta Setzer & Barbara	
18.	CAUSE OF DEAT		
DISEASE OR CONDITION DIRECTLY	CAOSE OF DEATH	3	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH			
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	***************************************
injury or camplication which caused death.)		11)	
ANTECEDENT CAUSES	m (MAR)	mones of M FC-	TIP
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	43
rise to the obave cause (A) stating the UNDERLYING CONDITION last.	_ / 0	la l	
11	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION 179B CONDITION FOR WEWAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 121B-PI	U.		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WEWAS PERFORMED	IICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED
THE TENOMINED		IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, DEATH Inotify medical examined	ACE OF INJURY (e.g., ir form, lociory, street, af	or about 21C, WHERE DID (If In Boltim INJURY OCCUR?	ore City, give exoct location)
	NJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While Work	At Work	m	
22. I certify that (I) (this hospital) attended the	- AI WOIK	7/70	111/71
that (1) (we) lost saw the deceosed alive an	17/14	7/ 19 ta /2	110/ 1/ 19
		71 19 and that In(my) (our) of	olnion death occurred on the date
ond hour and from the couses stated above. (1)	Me) (qiq) (qiq not) vi	ew the body after deoth.	
Sullen Hhelle X	MA After Phys.	nding Med. Staff Phys.	23B, DATE SIGNED [2/7/7/
JULIEN H. MEYEN T	\mathcal{H}	JOHNS HOPKINS/	tosPITAL
24A. BURIAL CREMATION, 248. DATE 24C. NAM REMOVAL (Specify)	LE of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Slote)
	butus Memori	I A	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DFC 20 1971 Jabour E. Jack	en KD.	Morton & Dyett F. H. 170	
/S 150-REV. 1/1/68		1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

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1 11769	CERTIFICATE O
	BALTIMORE CITY HEALTH

	77-9	44	769
REG.	NO. 71	ماد باليا	100

I. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institutions residence before admission as STATE B. COUNTY						
JONES. Ethel 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institutions residence before admission)						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission						
A COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?						
2926 Cherryland Road, 21225 Baltimore YES NO						
2926 Cherryland Rd., 21225						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr., If Under 24 Hr						
reliate Negrota Widowed X Divorced 8/9/189/ 74 ; ;						
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT.						
HOUSEWIFE Charlotte, N. C. U. S. A.						
13. FATHER'S NAME						
Charlie Miles Elizabeth						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service) 16. SOCIAL 17. INFORMANT ADDRESS O 7 A						
NO 246-12-6294 Mrs. Ethel Farrar 927 Argy a Avenue						
APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH						
(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:						
heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.)						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, it any, giving OUE TO, OR AS A CONSEQUENCE OF:						
THE ID THE CONDITION IN STORING THE						
ONDERLING CONDITION lost. (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ET TO THE DEATH BUT NOT RELATED TO THE TERMINAL EDISEASE OR CONDITION GIVEN IN PART 1 (A).						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
IN TO CONTRIBUTING CALLES OF LAND CONTRIBUTION OF THE CONTRIBUTION						
DEATH (notily medical examiner) O 21D-TIME (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
1 - IOF INJURY						
Work At World						
22. I certify that (I) (this hespital) attended the deceased from July 19 // ta 100 19						
that (1) (we) last saw the deceased alive on 14 10 and that in (my) (our) apinian death occurred on the date						
and haur and from the causes stated abave. (1) (We) (did not) view the body after death.						
Attending Med. Stoff 12-18-71						
23C. PHYSICIANS NAME (Type) JEFF PARKEN MD 2300 Danceson Block						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
BURIAL 12/21/71 Mt. Auburn Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS						
Manual Director ADDRESS						
DFC 20 1971 Police & Jaber & Dyett Funeal Home, 1701 Laurens 5						

DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT

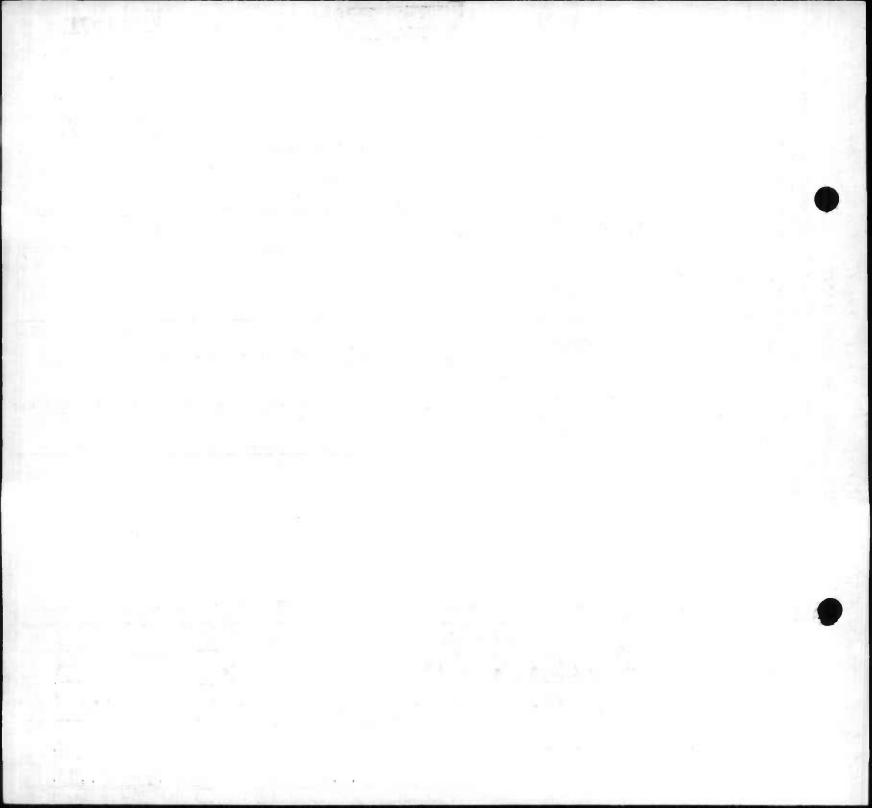
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262		CERTIFICA	TE OF DEATH REG. NO.		
P+0 + u		RIH NO.	ATE OF DEATH		
20 st + 3		NAME OF DECEASED POZOUREK. HARORD P	J., SR, 2. DATE AND HOUR OF DEATH 405 P. M.		
of of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) A. STATE B. COUNTY		
se se (5) anc dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		MD. 2607		
a to to	INS	OSPITAL OR STITUTION ADDRESS OR LOCATION)	BALTIMORE D. INSIDE CITY LIMITS?		
in i		37 MERCY HOSPITAL BALTIMORE, MD.	E. STREET AND NUMBER		
outing ed ca ar at prio			3925 HUDSON ST. #21224,		
50 500	5. S	MAKRIED MAKRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdey) 1 UNE 1, 1908 9. AGE (In years Months; Days Hours Min.		
on on on one on one one one one one one		A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR			
if death rect or c (4) Undet was in the dec	dane	RETIRED. U.S. POST OFFICE	BALTIMORE, MD. (), S.A.		
de cas	13. [FATHER'S NAME	14 MOTHER'S MAIDEN NAME		
4		JOSEPH P. PAZOUREK	AMELIA H. BASTARD		
dir dir on on	15, \ (Yes	Was Deceased Ever in U. S. Armed Ferces? 16. SOCIAL 16. SOCIAL SECURITY NO.	17. INFORMANT 3925 HUDSON ST.		
the the dec		NO NONE	LULA C. PAZOURER BALTO, 21224, MD.		
s a single any cod ada		IR. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Also of of noun arte	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:				
5 0 L B		This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	A CONSEQUENCE OF:		
nine ract pr		injury or complication which caused death.) ANTECEDENT CAUSES	Table Weart Farmer		
A fr	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF:				
(S) viii	underlying condition last (c) Preumaire Reart Disease Nys				
dical lical rrns; sicio was mair	z	OTHER SIGNISION CONTRIBUTING	escholie persese 10 yrs.		
m med phy any	ATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).	escentre prosesse 10 yrs.		
he chief by a n (2) Body re the p physicie	CERTIFIC	19A-DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSYT (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
		OR CONTRIBUTING TICALISE OR heme form forcions sheet	in or obout 21 C. WHERE DID (If in Beltimore City, give exact location) office bidge (INJURY OCCURY		
No or	4	DEATH looify medical exemined lets			
osp osp not (6)	MEDIC	21D. TIME (Month) (Doy) (Yeor) Hour 21E INJURY OCCURRED OF INJURY (APPROX.) While At No. West	21F. HOW DID INJURY OCCUR?		
2000		(APPROX) Work L. At Work			
04 E 8 B 8		22. I certify that (I) (this hospital) attended the deceased from	11/10 197/10 /2/19 197/		
of o		ond hour and from the couses stated above. (1) (We) (did) (did not)	19 7 ond that in (my) (our) opinion death accurred on the date		
dent of death)		23A. SIGNATURE	238, DATE SIGNED		
50.50		Edwards S. Kun M DEGREE PH	tending Med. Stoff Director Phys. D /2/19/7(
0 - 0>	/	22°C. PHYSICIAN'S NAME (Type)	23D. ADDRESS		
w w A. A. A. pr	244	A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY OF C			
		REMOVAL (Specify)	0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
This the h show was dece		DEC 20 1971 Jaken E. Jaben M.D.	leharles & geller, BALTO, 2/224, MD.		
	VS	150-REV-1/1/68			

TELLISTAN DESIM

				Ī
* 32 + Duis M.D. J. D. HIlls MO 3501 ST. POLL ST BADE #18		This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	d cause; (5) Deceased	prior to death. Such
ST	•	occur	ermine	based is mad
59. POLL	ORTANT	assistant if death f the direct or c	y kind; (4) Undet d death was in	ance on the dec
1055	OR: IMPO	iner or his ner. Also, i	pronounce	uiar attend mbaimed o
mo	IRECT	exami	(3) A fr	in reg
J. D. H. 115	FUNERAL DIRECTOR: IMPORTANT	the chief medical	; (2) Body burns; nere the physicic	o physician was
This no	•	must be approved by	cident of any nature hospital (except wh	to death); and (6) N
/ 83 /	· -	This certificate	shows: (1) An ac was D.O.A. at a	deceased prior

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE & COUNTY FULL NAME OF HOSMTAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Varulano D. INSIDE CITY LIMITS? LUMION MEMORIAL HOSD Ltimore YES X NO E. STREET AND NUMBER 5. SEX 6. RACE 7- MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours Mellicasium WIDOWED X DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR (NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) Telined 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME nslow nomas 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL ADDRESS (Yes, na ar unknown) (If yes, give war or dotes af service) SECURITY NO. 74-03-372 No 18. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A)MMEDIATE CAUSE CEREPIO VASCULAR ACCIDENT LEADING TO DEATH 1This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES SC/EROTIC C016510 DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CANLVIR LIVIZA 12 TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OFERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH? CER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21& PLACE OF (NJURY (e.g., in or obout 21 C/WHERE DID hame, form, foctory, street, office bidg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examined 21D. TIME OF INJURY (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Al Not While (APPROX.) Work At Wark 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased office an. ond that In(my) (aur) opinion death accurred an the date and have and from the causes stated abave /(1) (We) (Eld) (did not) view the bady after deoth. 23A. SIGNATURE 238 DATE SIGNED HO Attending [Director Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 16,120M3 Carlos DEGREE 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) (Stote) REMOVAL (Specify) Rem. -Buria] 12-21-71 Homestead Homestead Pa. 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS H.W. Jenkins & Sons Co. Balto. Md. V\$ 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-460 71 11772		TE OF DEATH	REG. NO	71 11772		
1. NAME OF DECEASED (Type or Print) CHARLES HENRY	1 BAYLE	Y DE	D HOUR OF DEATH	17:30 A		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL		,	e deceased lived. If ins	litution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	JTION, GIVE STREET	C. CITY OR TOWN		2706 E CITY LIMITS?		
YU.S. PUBLIC HEALTH SI		BALTIMOR		YES NO T		
WYMAN PARK AND 31	STST,	6206 PILE	GRIM RD.			
5. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED	5/26/2 Z	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF		11. BIRTHPLACE (Stole or forci		12. CITIZEN OF WHAT COUNTRY?		
done during most of working life, even if retired) SERVICEMAN MILI	TARY	Md.		USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM				
GEORGE BAYLEY		E'LIZABET+	+ MULTI	HAUPT		
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown! (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
YES USAF 1946-66	215-16-7825	Records, U	S.P.HS HO	spital, Batto, Md		
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	KESY	IRATORY FAI	LURE	sudden		
(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	SE A CONSEQUENCE OF:				
injury or complication which caused death.) ANTECEDENT CAUSES	Pulm	DNARY META	KTASES	MONTHS		
DISEASES OR CONDITIONS, if any, giving	(B)OR AS	A CONSEQUENCE OF:		***************************************		
nise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) BROK	CHOGENIC	CARCINOF	A MONTHS		
z 11	OFL	EFT LUNG				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IN TO THE DEATH BUT NOT RELATED TO THE TERMINAL IN DISEASE OR CONDITION GIVEN IN PART 1 (A).		`				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21B. ACCIDENT WAS UNDERLYING 12B.	HICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)		
21D-TIME (Month) (Doy) (Year) (Hourt 21E.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
	e At Not While					
22. I certify that (1) (this hospital) attended th	e deceased from D	FC 18 1	971 to DEC	19 197		
that M (we) last saw the deceased alive on REC 19 19.71 and that in(my) (aur) opinion death accurred on the date						
and hour and from the causes stated above. (1)	(48) (dld) (dtd=16) vi	ew the body after death.				
Kobech & Bellinean,	Surg Atter	iding Med.	Staff Phys.	23R, DATE SIGNED		
23C. PATSICIAN'S PNAME (Type)	MY (SURG)	3D. ADDRESS	lacatel P	016 611		
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City,	lown, or county) (Stote)		
	lington Nation	nal Cemetery	Arlington,	VA.		
25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF	FREGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS		
DEC 20 1971 Valent & Jaben	ALD.	4905 Y	ork Road E	Co. Balto., Md. 21212		

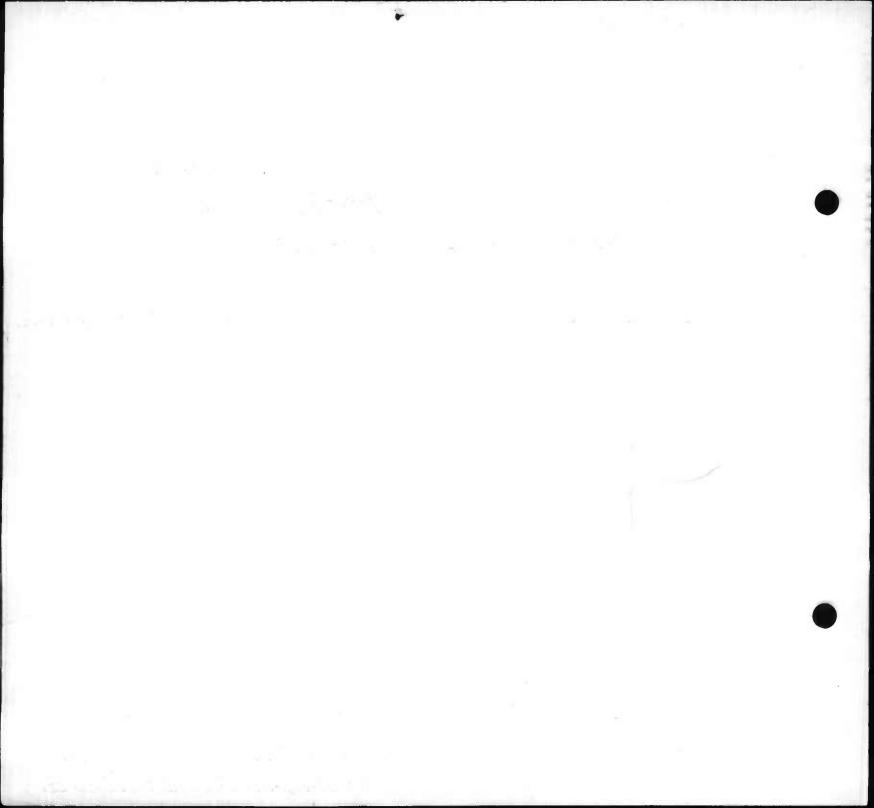
Robert E Tallino-, 1976 - 7)

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

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	A-423	71 11	773		HEALTH DEPARTM		REG. NO	71	11773
	RTH NO. NAME OF DECE	-2.1	, ,			COST - FIRST	UR OF DEATH		
(T	ype or Printl	PAUL	ALST	w.	1. 2		8-71		3:35 AM
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD		. COUNTY	~		residence before odmission)
II H	ULL NAME OF IOSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	KAND,	BALTIA D. INS	MOR L	
11	33					MORE		YES 🔀	NO 🗌
	JOHNS	Horkins	HOSPI	TAL	E. STREET AND NU		RESTON	ST	
5.	SEX MADO	Mose ~	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9-17-90	9. AG lost bi	E IIn years	If Und Months	er 1 Yr. II Under 24 Hrs. Doys Hours Min.
10	A. USUAL OCCUP	ATION (Give kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE ISION	B or foreign col	intry)	12. CIT	IZEN OF WHAT COUNTRY?
1	ne during most of wo	rking life even il retired) - Handler	Steam	skie Co.	Nontolk	Co. Va	. 4	-	U.S. A.
13	FATHER'S NAM	exer O	Osta	-12	MATHER'S MAIL	DEN NAME	Qa	-0)
15.	Was Deceased E	ver in V. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	-en	1000	le	ADDRESS
110			s of service)	SECURITY NO.		Di			0 -
	Ves	W.W.T		CAUSE OF DEATH	Mrs. EMIN	0.3.17/5	tON 174	+7E.	PRESTON SE APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DIS	RECTLY		lA a				BETWEEN ONSET AND DEATH
	(This does not heart failure, as	meon the made at thenio, etc. It means	the disease,		SE WYOCA A CONSEQUENCE OF:	ARDIAL	INFAR	NOTTO	45 minutes
		icalian which caused ITECEDENT CAUSES	death.)		1/1100	-10 - 1.4			12/hrs
		CONDITIONS, if	anv. aivina	(B)OR AS	HYPOWA A CONSEQUENCE OF	TREMII	R		19, 11,63
	rise to the	above cause (A) CONDITION lost.		(c) 50L	T- Losing	NEPH	RUPATHY	,	>
		11							
CERTIFICATION	TO THE DEATH DISEASE OR COI	ANT CONDITIONS CO BUT NOT RELATED TO TH NOTION GIVEN IN PAR	T 1 (A).		ic Obstruc-				20 yrs
RTIFIC	19A. DATE OF O	PERATION 198 CON WAS PER	DITION FOR Y	WHICH OPERATION	20 A. AUTOPSY? (Ye	es or No) 20B, IN (IF YES, WERE CERTIFYING CA	FINDINGS USES OF	CONSIDERED DEATH?
CALCE	OF CONTRIBUTE	WAS UNDERLYING NO CAUSE OF	21 B. horn etc.	PLACE OF INJURY (e.g., in e, form, foctory, street, af	or obout 21C. WHERE	DID CUR?	(if In Bollimor	e City, giv	re exoct location)
MEDIC	OF INJURY	Month) [Doy] [Year]		INJURY OCCURRED	1	O VAULUI DIC	CCUR?	·····	
	(APPROX.)		Wo	rk L At Work		_			
		at (1) (this haspital		he deceased fram	12-15-			12-1	8 - 19 7/
) (We) (did) (did nat) vi			my) (aur) opii	niah dea	th accurred an the date
	23A. SIGNATURE			7 (110) (010) (010 1101) 41	ew the bady after t	death,		238, DA	TE SIGNED
	1	Ver DR	Mille	WP Atter	ding Med.	Staff Phys.	X	l	2-18-71
	23C. PHYSICIAN NAME ITyp	S el A/	MIL	2	3D. ADDRESS	HOPKIN			
24	A. BURIAL CREMA	ATION, 248. DATE		ME of CEMETERY OF CRE				PITA	
1	BUPIAL (Spe	12-21-1	7/ 10 +	Calvanvi	ometony	PALAIR	Ann	dol	County) (Stole)
25	A. DATE REC'D B	HEALTH DEPT.	258 NAME C	OF REGISTRAR	25C. FUNERAL DI	RECTOR	2011	4 61	AODRESS
	150-PEV 1/1/49	11 Robert E.	Vaiber	KD.	Kandolph	un Cent	lick 24:	316.0	liver St.



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	/-960 71 11774 CERT	MORE CITY HEALTH DEPARTMENT TIFICATE OF DEATH REG. NO. 71 11774					
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
3	(Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	Dec. 15. 1971 / 0:00 PM					
		A. STATE 8. COUNTY					
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE ST HOSPITAL OR INSTITUTION OR INSTITUT	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	The Johns Hopkins Hospital	Valley Lee YES NO X					
		Valley Lee, Md. 20692					
	5. SEX 6. RACE 7. MARRIED NEVER MAR	Months: Doys Hours Min.					
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR I	ORCED 2/05/X 1918 53 EX INDUSTRY 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY					
	dane during mast of warking life, even it refired)	Moryland U.S.					
	Robert Taylor	Mandy Greenwell					
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY N	17. INFORMANT ADDRESS					
	SECURITY N	-0788 Mary A Taylor Valley hee Md					
	DISEASE OR CONDITION DIRECTLY	OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	LEADING TO DEATH	EDIATE CAUSE CVI acceded Imonth					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	TO, OR AS A CONSEQUENCE OF:					
	ANTECEDENT CAUSES	Hyperlension					
	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the						
	UNDERLYING CONDITION last, (C)						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	19A.DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	TION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 218. PLACE OF INJUINATION (notify, loctory, etc.)	JURY (e.g., in ar about 21C, WHERE DID (II in Boltimore City, give exoct location) NJURY OCCUR?					
	21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUI	URRED 21F. HOW DID INJURY OCCUR?					
Work At Work							
	22. I certify that (1) (this hospital) attended the deceased from that (4) (we) lost saw the deceased alive on.	from 19 1 to 19 1 19 1 19 1 19 1 19 1 19 1 1					
	ond hour and from the causes stated above (i) We) (did) (di	, , , , , , , , , , , , , , , , , , , ,					
1	23A, SIGNATURE REPUBLICATION OF THE PROPERTY O	Attending Med. Stoff Phys. 238. DATE SIGNED					
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESSY					
	24A. BURIAL CREMATION, 24B. DATE 124C, NAME of CEMETER	DEGREE ERY OF CREMATORY 24D. LOCATION (City, town, or Equaty) (Store)					
	But al 12 14 71 Sta	24D. LOCATION (City, town, or Egunty) (State)					
) 1	C 20 1971 Public E. Ja Ben & D	25C. FUNERAL DIRECTOR ADDRESS					
IF	'S 150-REV. 1/1/68	W. Clarke Mattingley Leonardtown, Maryland					

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BI	M-2/0 71 11775		HEALTH DEPARTMENT	MUTINEGRNO	79 11-775
1.	NAME OF DECEASED PO OF PRINT LUTHER MCCAB		DIL . II . IV CD	ND HOUR OF DEATH	DERM SPOR
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PROT	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceosed lived. If i	institutions residence before admission)
H H	ILL NAME OF (IF NOT IN HOSPITAL OR INS STITUTION ADDRESS OR LOCATION)	TITUTION, GIVE STREET		- WORCEST	SIDE CITY LIMITS?
ľ	38		E. STREET AND NUMBER	E	YES NO
1	JNIVERSITY Of M	D, Hose.	E. SIREET AND NUMBER		
3,	SEX 6. RACE WIDOW	THE REAL PROPERTY OF THE PARTY	12 22 192	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10/ doi	USUAL OCCUPATION (Give kind of work 10 B. KIND to during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign countly)	12. CITIZEN OF WHAT COUNTRY?
	Former awn	n Form	DELAWARE		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
15,	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of service		17. INFORMANT	unung	ADDRESS
	tir yes, give wor or doles of service	219-24-4193	1 Jan. 3061	ale. mi	11,1,000
	18.69611	CAUSE OF DEATH	James III C	40 11/4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	PSORIAS	C PUCTO	SELWEEN ONSELAND DEATH
	(This does not meen the made of dying, e. heart lailure, asthenia, etc. It means the diseas injury or complication which caused death.)	g., (A) IMMEDIATE CAUS DUE TO, OR AS A	CONSEQUENCE OF:	13 , PUSIO	LAIC dys.
	ANTECEDENT CAUSES	4-1			
	DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoling the	DUE TO, OR AS	CONSEQUENCE OF:		
	UNDERLYING CONDITION lost.	(C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	G			
CERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
EDICAL CE	OK COM MODUMO CADSE OF	18. PLACE OF INJURY (e.g., in ome, form, foctory, street, office)	or about 21 C. WHERE DID INJURY OCCUR?	(if In Boltimor	re City, give exoct location)
MED	OF INJURY	L INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	V V	While At Work Not While At Work			
	22. I certify that (f) (this hospital) ottended that (f) (we) last saw the deceased alive an	the deceased from	~ .	9 <u>7</u> (12/12 19 71
	and haur and from the couses stated above.		197ond the	ot [in (🖙) (our) opi	nion death occurred on the dote
	23A. SIGNATURE	(4) (He) (did) (eta-101) VI	sw the body offer death.		23B, DATE SIGNED
	23C.PHYSICIAN'S NAME (Type)	DEGREE Phys.		Shaff Phys,	12/12/71
	L.B. BARNETT,	MD			
24A		NAME of CEMETERY OF CREM	MATORY 24D. LO	CATION ICI	ly, town, or county! IState)
25A	Duried 12/15/71 DATE REC'D BY HEALTH DEPT. 258 NAME	Odd tellen	of Bes	hapville	Worcester ml.
F	FC 20 1971 Paber & Janger	of REGISTRAR	25C. SUNERAL DIRECTOR	ely Let	hyudle Del. 19975
VS	50-REV, 1/1/68			/	/

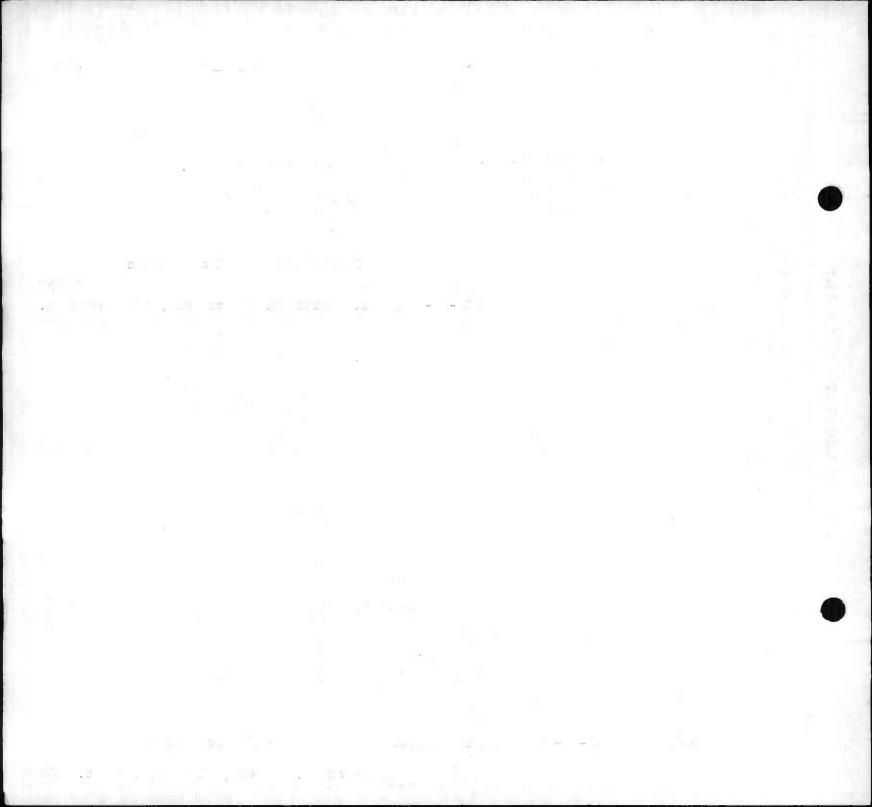
from from to the molar die Berton The second of the same of the Burne Poplation and Felling Belly Stagend House For 75.

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	0			BALTIMORE CITY	HEALTH DEPARTMENT		
BI	RTH NO.	71 11	270	CERTIFICA	TE OF DEATH		1 11778
	pe or Print)		, , ,		2. DATE	AND HOUR OF DEATH	30.07.
1	AL ACC IN DAI	Porter, Will	Lard W.		4. USUAL RESIDENCE (W	12-16-71	12:25 Pm.
FI	JLL NAME OF OSPITAL OR ISTITUTION		AL OR INSTIT	UTION, GIVE STREET	A. STATE B. COU Maryland	ANNE!	FRUIDEL 5
	37	70.0			Annapolis E. STREET AND NUMBER		YES NO NO
		Mercy Hospita	al, Inc.		90 Market St		
	SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
11	Male	White	WIDOWED	DIVORCED	5-25-15	56	Months Days Haurs Min.
10	A. USUAL OCC	UPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
do	Economi.	working life, even if refired) St	USC	5-60M /4	Ohio		USA
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
	Elmer P	orter			NT TETO T T		
15.	Was Decemend	Even In II S Amuel Eas	cos?	1 6. SOCIAL	Nora Willis		ADDRESS
(Te	YES	Of yes, give wor or dote	s of servicel	253 63 6926	LUCILLE	S. PORTE	R # 4
	18.	7.0		CAUSE OF DEAT		- 1 / 0/(/ .	APPROXIMATE INTERVAL
		E OR CONDITION DI	RECTLY	B ∄i	liary Obstructi	.on	6 mos
	IThis does n	of mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		
	Injury or com	asthenia, etc. It means	the disease, death.)				More than 6 mo
		ANTECEDENT CAUSES			cer of Pancreas		
1	DISEASES C	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	UNDERLYING	above cause (A) CONDITION last.	staling the	(c)			
II		11					
CERTIFICATION	ITO THE DEAT	ICANT CONDITIONS CO	HE TERMINAL				
N O	19A. DATE OF	ONDITION GIVEN IN PAR OPERATION 198 CON	T 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208 IF YES WERE FIL	NDINGS CONSIDERED
RTIF	2-	WAS PER	FORMED		Yes	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAUSE OF	218, hom elc.	e, farm, foctory, street, of	or about 21 C. WHERE DID Rice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
\$	(APPROXI		Whi	ile At Not While			
	22. I certify	that (1) (this Lospital			Dec. 14	19 71 to Dec.	16 19 71
		lost saw the decease		D 1/	71		an deoth occurred on the dote
	ond hour ond	from the causes stot	ed above. (1	Market (did) Market v	lew the body after deoth		
	23A. SIGNATU		1 -				23 R. DATE SIGNED
	Wer	My man	must	By Cus Degree Phys	Med. Director	Staff Phys.	Dec. 17, 1971
	23C. PHYSICIA NAME (T	Vernon M.	Smith,	/	3D. ADDRESS	aint Paul Plac	
24	A. BURIAL CREA	MATION, 248 DATE		DEGREE ME of CEMETERY of CRE	MATORY 24D.	LOCATION (City.	, town, or county! (State)
1	BURIA	L 12-20-	71 Mo	WRYSTOW		OWRYSTO	WW 01410
25	A. DATE REC'D	SY HEALTH DEPT.	258. NAME O	F REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
60		4078	-				11
VS	DEC 20 150-REV. 1/1/6	1971 Vale & E	Jake	MA O	JOHN M. TA	YCOR. SOKS A	ANNAPOLIS M.D.

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pital	of d	000	ath.		
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ui P	ing	SOBO E	rior	•	
ccurre	tribu	ania	Sed	made	
ath o	r con	in re	decea	ion is	
if de	rect c	(4)	the	isposi	
istant	he di	dent's	CO 00	p jou	
his ass	10, 16	T any	endan	d or f	
er or	r. Als	TOPO	ar att	palme	
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cal ex	di ex	57 (3)	as in	ins air	
pem J	medic	physic	w mpi	e rem	
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by th	pital	Jrey (2	No	d bef	
roved	he hos	y nat	and (6	btaine	١
e app	d to t	rot an	ith): c	t be o	
must b	lease	ciden	nospu	al mus	
icater	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	An ac	Was D.C.A. at a nospital (except where fire pri) strictly are attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
certifi	body	(E) :SA	20.0	ten ag	
This	the	shov	SB A	writ	

. 1	11			BALTIMORE CITY	HEALTH DEPARTMENT		
BIR	7-53	71 115	777	CERTIFICA	TE OF DEATH	REG. NO	71 11777
	IAME OF DECI pe or Print)	Hundertmark	, Rose	С.	2. DATE AN	12-17-71	1 6:215A N
3.	PLACE IN BALT	TIMORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution: residence befare admission)
FU	ILL NAME OF OSPITAL OR STITUTION	IIF NOT IN HOSPIT	AL OR INSTITU	ITION, GIVE STREET	Maryland C.CITY OR TOWN		DIDE CITY LIMITS?
1					B altimore		YES NO
	no 7	Mercy Hosp	ital, I	nc.	E. STREET AND NUMBER	Scott St.	
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	Female	White	WIDOWED	= =	7-3-97	lost birthdoy)	Months Days Hours Min.
					11. BIRTHPLACE IStole or fore	gn country)	12. CITIZEN OF WHAT COUNTRY
	Housewi		Ho	me	Maryland		USA
13.	Joseph				14. MOTHER'S MAIDEN NAME TO A STATE OF THE S		Bentl e y
15.			cas?	1 6 SOCIAL	17. INFORMANT		ADDRESS 21230
	s, no or unknown)	Ever in U. S. Armed For Oil yes, give war or date	s of service)	215-50-9985		Hundertman	k, 1129 Scott St.
_	18. 24 /	2 2		CAUSE OF DEAT		1	APPROXIMATE INTERVAL
	/ "	E OR CONDITION DI	RECTLY		(7) " A	11.5	BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAL	ISE (ANDIAC AS	YEAMIA	
	(This does n	ot mean the mode of	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	, facilities	1
	injury or com	asthenia, etc. it means plication which caused	death.)	0	1	0 1/1	
		ANTECEDENT CAUSES		12	ILOYON ANU	Tou boll	en l
	DISEASES C	R CONDITIONS, IF	any, niving	DUE TO, OR AS	A CONSEQUENCE OF	Co Syunka	
	rise to the	above cause (A) CONDITION last,	stating the	(c) A5H	D- MILL	OHE	
	1	11					
NO	OTHER SIGNIF	CANTCONDITIONS CO	NTRIBUTING				1
AT	DISEASE OR C	H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	T 1 (A).	(22220000000000000000000000000000000000			
CERTIFICATI	19A-DATE OF	OPERATION 19% CON	IDITION FOR V	WHICH OPERATION	20A AUTOPSYT (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ERT	-				RIO		
MEDICAL C	OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF medical exemined	21 B, hom etc.	e, form, factory, street, o	n of about 21C. WHERE DID ffice bidge INJURY OCCUR?	(If In Boltime	ore City, give exact location)
3	21D. TIME		1950				
22	PART HALLIAM	(Monthi (Doy) (Yeari	(Hour) 21 &	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
MEE	OF INJURY (APPROXI	(Monthi (Doy) (Yeari	Whi	ie At C Not Whit	e []	URY OCCUR?	
ME	(APPROXI		Whi Wo	ile At Not While At Work	• 🗆		12/17 10 7/
ME	22. I certify	that (1) (this hospita	Whi Wo	Not While At Work	12/2	19 <u>Z/</u> to	-finition for from the second
MEI	22. I certify that (1) (we)	that (1) (this hospital	Whi Wood i) attended the	ile At Not Whith At Work	19 7/ and th	19 <u>Z/</u> to	19 7/ Inion death occurred on the date
MET	22. I certify that (1) (we) ond hour and	that (17) (this hospital last saw the decease d from the causes sta	Whi Wood i) attended the	ile At Not Whith At Work	12/2	19 <u>Z/</u> to	inion death occurred on the dat
ME	22. I certify that (1) (we)	that (17) (this hospital last saw the decease d from the causes sta	Whi Wood i) attended the	Not Whith At Work the deceased from	19 7/ and the	19 Z/_to at In(my) (but) op	-fillingerfundament 17
ME	22. I certify that (I) (we) ond hour and 23A. SIGNATU	that M (this hospital last saw the deceased from the causes stated in the cause s	Whi Wood i) attended the	Not Whith At Work The deceased from (Ver) (did) (did) (ript) Attheory Attheory Attheory Physics Attheory Attheory Attheory Attheory Physics Attheory Attheory Attheory Attheory Physics Attheory Attheory Attheory Att	19 7 and the riew the body after death. anding Med. birector Director D	19 <u>Z/</u> to	inion death occurred on the dat
MEE	22. I certify that (1) (we) and hour and 23A. SIGNATU	that M (this hospital last saw the deceased from the causes stated in the cause s	Whi Wood i) attended the	Not Whith At Work the deceased from 2 6 (Ver) (did) (did) (did) (by the physical property) Attemption Attempt	19 7/ and the	19 Z/_to at In(my) (but) op	inion death occurred on the dat
	22. I certify that (1) (we) ond hour and 23A. SIGNATU 23A. PHYSICIA NAME (T	that (17) (this hospital last saw the deceased from the causes stated in the cause stated in the cau	Whitehead the daily on the dalive on the dabove. (1)	Not Whith At Work The deceased from (Ver) (did) (did) (ript) Attheory Attheory Attheory Physics Attheory Attheory Attheory Attheory Physics Attheory Attheory Attheory Attheory Physics Attheory Attheory Attheory Att	19 7/ and the riew the body after death. Indian Director	19 Z/toat In(my) (but) op Stoff Phys. 2	inion death occurred on the date
	22. I certify that (1) (we) ond hour and 23A. SIGNATU 23C. PHYSICIA NAACE (T	that (1) (this hospital last saw the deceased from the causes stated in the cause stated in the caus	Whi Wood of the desire on the desire on the desire on the desire on the desire of the	Not Whith At Work the deceased from (We) (did) (did) (did) (by) Attached DEGREE AME of CEMETERY of CR	19 7 and the riew the body after death. anding Med. Director 23D. ADDRESS Vency Hospe	Stoff Phys. COCATION (C	23B, DATE SIGNED 23B, DATE SIGNED
24	22. I certify that (1) (we) ond hour and 23A. SIGNATU 23A. PHYSICA NAME (T OS A. BURIAL CRE REMOVAL (T BUTIAL)	that (I) (this hospital last saw the deceased from the causes stated in the cause stated in the c	Whitehold the daily on ted above. (I	Not Whith At Work the deceased from At Work the decease	19 7 and the riew the body after death. anding Med. Director 23D. ADDRESS Vency Hospe	Stoff D OCATION (C) Itimore, Ma	23B, DATE SIGNED 23B, DATE SIGNED
24	22. I certify that (1) (we) ond hour and 23A. SIGNATU 23A. PHYSICA NAME (T OS A. BURIAL CRE REMOVAL (T BUTIAL)	that (II) (this hospital last saw the deceased from the causes stated in the cause stated in the	Whitehold the daily on ted above. (I	Not Whith At Work the deceased from At Work the decease	19 7 and the riew the body after death. 23D. ADDRESS Vency Hose EMATORY 24D/L 25C. FUNERAL DIRECTOR	Stoff Decation (Cations, Maintenance, Mainte	23B, DATE SIGNED 23B, DATE SIGNED



IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and if the direct or contributing cause This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner.

	BALTIMORE CITY HEALTH DEPARTMENT
1 572	CEDTIEICATE OF DEATI

REG.	NO	71	1177

Howard H. Hubbard, 4107 Wilkens Ave. 21229

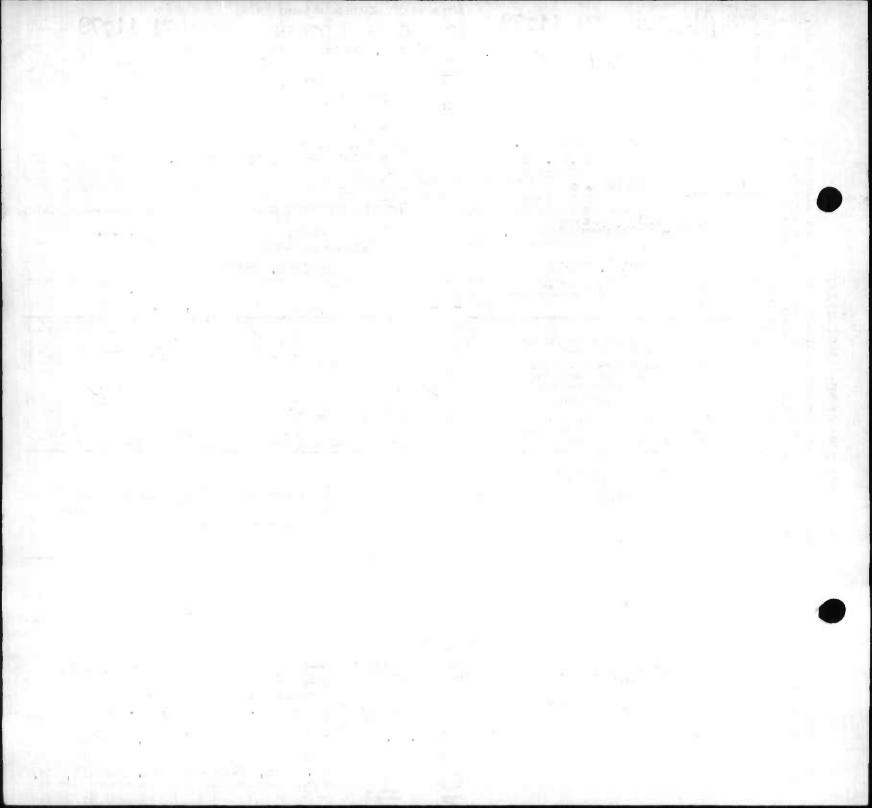
BIRTH NO.	71 11	1778	CERTIFICA	TE OF DE	ATH	REG. N	D	1 117/6	
1. NAME OF DEC	Ernest R. L	angner				12/17/71	ATH	1 12:45	PM .
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Whe	e deceased lived	. If institut	ion: residence befare	admission)
FULL NAME OF HOSPITAL OR INSTITUTION			UTION, GIVE STREET	Marylan	d, XX	XXXXXXXX	INSIDE C	CITY LIMITS?	1
1 /	St. Agne		cal	Balti				NO T	1
40	900 Cato			E. STREET AND	NUMBER			TO LA	Į.
		e, Maryl	land 21229	45 Oa	klee V	illage			
5. sex Male	White	WIDOWED		5/20/0	8	9. AGE (In years lost birthdoy)	II Mo	Under 1 Yr. II Unnths Doys Hours	der 24 Hrs. Min.
tOA, USUAL OCCI	UPATION (Give kind al work warking life, even if relired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or fore	gn country)	12.	CITIZEN OF WHAT	COUNTRY
Retired Po		Baltime	ore City	Mary 1	and			U.S.A.	
13. FATHER'S NA	ME			14. MOTHER'S M		ME			
Ludy	wig Lang	ner		Pauli	ne	(U	nknow	n)	
5. Wes Deceased (Yes, no or unknown)	Ever in U. S. Armed For Oll (If yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		, ,		ADDRESS	21229
No	I STATE OF THE PARTY		214-03-0036	Mrs. S.	Viroin	ia Lanon	er 45	Oaklee Vi	11200
18.	6.9		CAUSE OF DEATH		V 11-8111	2-11611	, ,	APPROXIMATE	INTERVAL
	E OR CONDITION DI	RECTLY		610		11/2	,	BETWEEN ONSET	AND DEATH
	LEADING TO DEATH of mean the mode of	4.722	(A) IMMEDIATE CAU			world He	mua	share!	
heart loilure,	asthenia, etc. It means	the disease,	DUE TO, OR AS	CONSEQUENCE	OF:				
	plication which caused	death.)	Rossy	Lucisia	84. 3	Cupline	011	22 0 2	
	ANTECEDENT CAUSES		(8)			eguere.	of Ut	276.	
rise to the	R CONDITIONS, il abave cause (A) CONDITION last.	any, giving slating the	(C)	A CONSEQUENCE	OF:				
-	II								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
	OPERATION 198 CON WAS PERF	ORMED		20 A. AUTOPSY		10 CERTIFYING	CAUSES	NGS CONSIDERED OF DEATH?	
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined	21 B. hometral	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or about 21 C. WH ice bldg., INJURY	ERE DID OCCUR?	(II In Bo	Itimore City	, give exoct location)	
OF INJURY (APPROX.)	(Month) (Doy) (Year)	i	INJURY OCCURRED In At Work Not White At Work		M DID INJ	URY OCCUR?			
22. 1 certify	that (1) (this hospital				1	0 4-			0
22. I certify that (I) (this hospital) attended the deceased fram									
) (We) (did) (did nat) yl			in in (my) (dur)	apinian	death accurred a	n the date
23A. SIGNATU		Also	/ N.D. Atten	ding Med		Staff Phys.	23 B,	DATE SIGNED	
23C. PHYSICIA	rs pel Bun	200K	MAN. MD.	Dire	ctor 🔲	Phys.			
24A. BURIAL CREA REMOVAL (S	MATION, 248. DATE	24C. NA	ME of CEMETERY OF CREA	MATORY	240. 10	CATION	(City to:	wn, or county)	(Stote)
REMOVAL (S Burial		1	raine Park Cem						(31016)
		25% NAME O		25C. FUNERAL		odlawn, N	aryra		
DEC 20 1	97 Valle E.	Jaber	A.D.			bard 410)7 W11	kens Ave.	21229

VS 150-REV. 1/1/68

Target I. to art, any all sometime. If the

•	or contributing or contributing or contributing didetermined causes in regular attention is made.
IMPORTANT	Also, if the direct re of any kind; (4) I nounced death we attendance on the
FUNERAL DIRECTOR: IMPORTANT	the chief medical examinerial by a medical examiner. 17. (2) Body burns; (3) A fractur here the physician who pror to physician was in regular before the remains are embal
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined causes b.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the decased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.

60-	-05-55 1 cs	M-620 71 11779 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 74 11779
pub	40 0 4	BIRTH NO. I. NAME OF DECEASED II. NAME OF DECEASED III. NAME OF DECEASED III
5	D 0 E .	Type or Printl WILEY MARIS S. PATIS 2. DATE AND HOUR OF DEATH
hospite	ath a	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
4	J To	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS?
2	ng cause; attend ior to	Baltimore City Hospitals 4940 Eastern Ave. Dundalk VES NO X E. STREET AND NUMBER
-	· 1	Baltimore, Md. 21224 7601 Old Battle Grove Rd. 21222 005
	anin Back	S. SEX MARRIED NEVER MARRIED 3. DATE OF BIRTH Soft birthday) 64 Months Doys Hours Min.
9	con in re on is	TOAL USUAL OCCUPATION (Give kind of working kind of BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Velder
Del	F 0	Welder- Bethlehem Stelel Co. Texas U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
)	(4) ¥ ± sp og s	Mert R. Maris Annie M. Smith
Z d	he di kind; death ce on nal di	15. Wee Decessed Ever in U. S. Armed Forces? [Tes, no or unknown](If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 4940 Eastern Ave. ADDRESS
ORT	+ - etc	No 457-10-3632 BCH Records: Baltim re Md. 21224
D. Y	7 8 2 5 0	DISEASE OF CONDITION DIRECTLY CAUSE OF DEATH
	Also not mette	LEADING TO DEATH (A) IMMEDIATE CAUSE OCULE infarction ~ 5 mm
22	bal bal	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
0		ANTECEDENT CAUSES Who of Chart Disease To 341
SEC.	AXan Whin residue	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the
	dical irns; (siciar was i	UNDERLYING CONDITION last. (c) 1/4 Owng / Cular Coll May V
AL		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL I DISEASE OR CONDITION GIVEN IN PART T (A).
ER	by a me 2) Body br to the ph physician ore the re	Constitution of the state of
5 3	re th phys	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSYT (Yes or No) 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID 10R CONTRIBUTING CAUSE OF 10R CONTRIBUTING CAUSE OF 10R CONTRIBUTING CAUSE OF 10R CONTRIBUTION CAUSE OF 10R CONTRIBUTI
*	ral b here No pr	S DEATH (notify medical examined)
ž.	hospinept weept well (6) ained	O 21D-TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	0 7 2 5 5	Work LJ At Work LJ
	fan, fan)	22, I certify that (1) (this hospital) attended the deceased from 11-25 19 21 to 12-14 19 21 that (1) (we) last sow the deceased alive on 12-14-71 19 71 and that in (1) (our) opinion death accurred on the date
4	0050	and hour and fram the causes stated above. (1) (10) (did) (400) view the bady after death.
	BOODE	23A. SIGNATURE 23B. DATE SIGNED 12-14-71 Phys. Director Phys.
	8 - 6 8	23C. PHYSICIAN'S NAME (Type) A A A C C C C C C C C C C C C C C C C
	was related A. at a prior to	W.L. AMSEUR - Masser 4940 Eastern Ave. Baltimore, Md. 21224
		Partial Cremation, 248, Date removal (Specify) Burial 24C.NAME of CEMETERY of CREMATONUTCH Fallston, Maryland
	the body shows: (I was D.O. deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
1	the bank was dece	DEC 20 1971 Case Jake, Ma John J. Duda, 7922 Wise Ave. Dundalk, Md.
		VS T50-REV. 1/1/68



IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 71 11780 5301 11780 CERTIFICATE OF DEATH death Deceased Such I. NAME OF DECEASED S. Bennett Bessie 2. DATE AND HOUR OF DEATH (Type at Print) LO hospital 551E death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence belose, admission A. STATE

8. COUNTY attendance (5) cause FULL NAME OF HOSPITAL OR INSTITUTION IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Baltimore CITY OR TOWN Lagemere ADDRESS OR LOCATION canse; 0 D. INSIDE CITY LIMITS? ō YLAND GENERAL YES prior contributing E. STREET AND NUMBER occurred made. 603 etermined in regular 9. AGE (In years deceased II Under 1 Yr. W hite emale WIDOWED DIVORCED isposition is 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death done during mast of working tile, even if retired! HOUSE WIFE Pennsylvania 10 Pun Was the direct 14. MOTHER'S MAIDEN NAME 3 Oscar Leevy ESSIE eath uo ō kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes,na or unknown) (If yes, give war or doles of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance Daniel R. Bennett, Sr. 2603 Lodge Forest Rd. ō 24683 Baltimore. Md. any pronounced 0 CAUSE OF DEATH Also, DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: examiner heart failure, osthenia, etc. It means the disease, gular injury at camplication which caused death.) ANTECEDENT CAUSES who 0 remains are 4 DISEASES OR CONDITIONS, if any, giving DUE TO, OR ල rise to the above cause (A) stating the physician UNDERLYING CONDITION last. chief medical Was burns 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A-AUTOPSYT (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 8 WAS PERFORMED Yes before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF any nature; (2) where 218 PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact tocotion) the body was released to the hospital °Z MEDICAL DEATH (notify medical examined) approved by be obtained 21D. TIME 9 (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except While Al Not While (APPROX) and At Work 22. I certify that (1) (this hospital) attended the deceased from eath); that (1) (we) last sow the deceased alive on. of and that in (my) (our) opinion death occurred on the date hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after deoth. must shows: (1) An accident 23A. SIGNATURE O 23B, DATE SIGNED Attending | 10 Staff Phys. Director _ approval 8 23C. PHISICHAN'S prior 23D. ADDRESS at D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) eceased 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION decease 12/16/71 Sacred Heart of Jesus Burial Cem. Baltimore, Maryland 25A. DATE REC'D BY HEALTH DENT. Was 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR John J. Duda, 7922 Wise Ave. Dundalk, Md. VS 150-REV. 1/1/68

NO X

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(State)

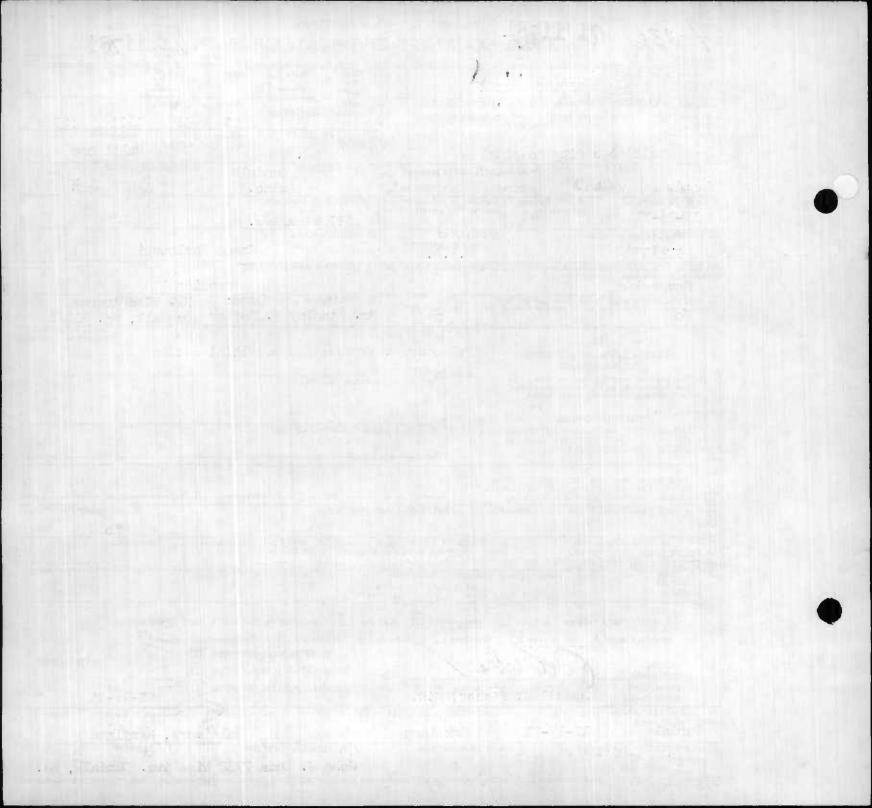
Il Under 24 Hrs. Hours

WASSEN.

Jak , Minhaus , sech and the committee half.

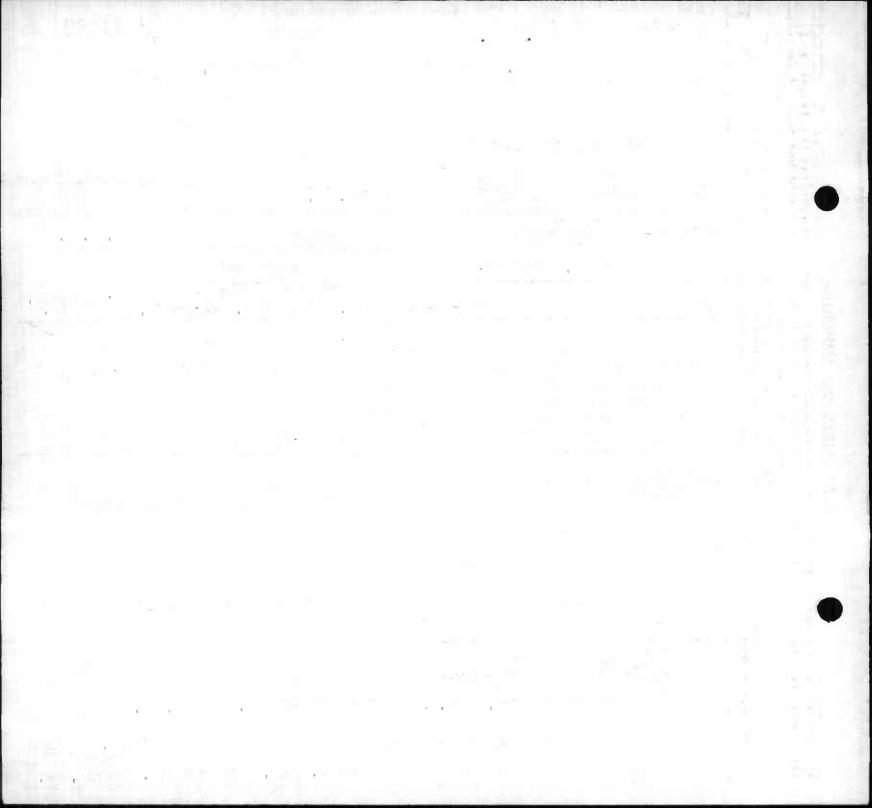
. . .

7	7-23,	6	1 MED	781 ICAL		BALTIMORE CITY HE			OF	DEAT	H 71	1178	3-1	
1. 1	TH NO. NAME OF DEC e or Print)	EASED	VIOLE'	E.	TER		2. DATE OF	Knowr	oted 🗆	Month	Day	Year	Hour	
	PLACE IN BAL L NAME OF SPITAL		ARYLAND, Y	HERE P	RONO	UNCED DEAD	3. DATE PRONO	UNCED D		Month 12	Day 13	Year 1971	Haur 6:27	а м.
OR INSTITUTION						5. USUAL R	Md.	E (Where	deceased liv		ian: residence	before admi		
6. 5		7. RACE	J			NEVER MARRIED	C. CITY OR	M. M. D. D. S. D.	Dund	alk	D. INSIDE	CITY LIMITS	?	
f	emale	whit	е	WIDOY			Balto. YES NO						NO TO	
9. [12-16-2		10. AGE (le last blethda		If Und	der I Yr. If Under 24 Hrs. Bays Hours Min.			MBER				12	20
11.	Maryla	tate or forei	gn country)	3/		TIZEN OF CHAT COUNTRY?	13. FATHER			James 1	Kozlow	ski		
144	USUAL OCCU	PATION (GI	e kind of work	14B. KINT		USINESS OR INDUSTR	Y 15. MOTHE	P'S MAID			TO DILOW	J164,		
dane	during most of w Housew	orking lile, er	von if rettred)								nica ?			
16.	WAS DESTACE	IN CAVED IN	U.S. ARMED	FORCE	5?	I7. SOCIAL	18. INFOR	AANT	Husb			DORESAV	amia	
(Yes	, no or unknown)	(if yes, give	wor or dotes	of service)	SECURITY NO.	Mr. St					alk, Md		2
_	19. / / 🔾	9 7	7			CAUSE OF DEA					Dana	1	APPROXIMATE II	NTERVAL
	77	× 1	Χ			Pulmonary en		a and	bro	nchia1	acthm		WEEN ONSET	NO DEATH
		E OR CONT LEADING TO	OMON DIRE	CILLY				a and	. DI.O.	licillat	as LIIIII	a		
	(This does n	of moon the	mode of dy	Ing, e.g.,		DUE TO, OR	AS A CONSEG	UENCE O	F:					
	injury or con	plication wh	c. It means the ich coused de	olh.)										
		WECEDENI	CAUCEE											
		NTECEDENT OR CONDITI	IONS, IF ANY	, GIVING		DUE TO, OR	AS A CONSE	QUENCE	OF:					
	RISE TO THE	ABOVE CA	USE (A) STA	TING THE										
8						(C)								
CERTIFICATION	TO THE DEA	ATH BUT NO	NDITIONS CO	THE TERM	INAL									
ERTI	DISEASE OR CONDITION GIVEN IN PART 1 (A)- 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)								or No)					
	0											no		
EDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B.PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (if in Baltimore City, give exact location) home, form, factory, street, office bldg., etc.) INJURY OCCUR?													
Σ	22D. TIME .		Doy) (Year	r) (Hou	r) 22	E.INJURY OCCURRED		2F. HOW	/ DID IN	JURY OCC	UR?			
	OF INJURY (APPROX.)				m. W	HILE AT NOT	WHILE O							
	23.			-										
			reld on I	_		-	topsy 📙			his basis,				
	result	ed from: 1	latural cau	505 K	Ac	cident Suicio		micide		Undetermi		r 📙		
	ACTUAL	JRE	620	Fur	hi	M.D	ASSI			EXAMINER EXAMINER			DATE SIG	NED
	EXAMIN NAME (1	ER'S	Russell	L S.	Fish	ner, M.D.		CIATE M	EDICAL I	EXAMINER		12-13-	71	
24/ RE	MOVAL (Special	MATION,	248. DATE		240	NAME of CEMETERY	or CREMATO	RY	24D.	LOCATION	(City, to	own, or count	y) (Sto	ite)
	MOVAL (Speci Burial	2	12-17-	-71		Oak Lawn			-	Balti	imore,	Maryla	nd	
25/	. DATE REC'D	BY HEALTH	C A .	9	B	OF REGISTRAR		FUNERAL		OR		ADDRESS		
	DEC 20	13/1	Valle of	C. AT	Ben	, AC. D.	John	a J.	Duda	7922 V	Vise Av	re. Dun	dalk,	Md.



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his certificate must be approved by the chief medical examiner. Also, if the direct or contributing cause of death he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such vritten approval must be obtained before the remains are embalmed or final disposition is made.	
ws: D.C	
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n.			BALTIMORE CITY	HEALTH DEPARTMENT		Phy A
BIRTH NO.		1782	. CERTIFICA	TE OF DEATH	REG. NO	71 11782
1. NAME OF DI (Type or Print)		ord J. S	chultheis	Dec	ember 13, 197	71 ,,
3. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PRONO	JNCED DEAD	4 USUAL RESIDENCE (Where deceased lived, If i	institution: residence before admission)
FULL NAME O	F (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET	Maryland	Baltimore	5300
NOTITITION	Palatinana Ott	h 77	6.12	Dundalk		YES NO TO
21	Baltimore Cit	ty Hospi	cal	E. STREET AND NUMBE 1902 Van Bu		
5. SEX	6. RACE	7- MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
Male	White	WIDOWED		Jan. 11, 190		Months Days Hours Min.
OA USUAL OC	CUPATION Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	lareign country)	12. CITIZEN OF WHAT COUNTRY?
Policema	of working life, even if reffred) n-Baltimore Co	unty		Maryland		U. S. A.
3. FATHER'S N.				14. MOTHER'S MAIDEN		
	William F. S		Ls	Els	ie Davis	
5. Was Decease Yes, na ar unknow NO	ed Ever in U. S. Armed Fo m) lif yes, give war ar date	rces? es af service)	16. SOCIAL SECURITY NO. 214-26-6352		e) 1902 Van B th M. Schulth	
16. 4/	0,01		CAUSE OF DEATH		. 0 . /	APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DE	RECTLY	acuto	murcara	tial unfare	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU			Lew minute
(This does	not mean the mode of , asthenia, etc. It means	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:	7. S.C. V.D.	years.
injury or co	mplication which caused	death.)	and	humer ten	1	7 20003.
	ANTECEDENT CAUSES			1100-1010.		'
DISEASES	OR CONDITIONS, if	gny, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to t	he above cause (A) IG CONDITION lost.		(c) Lyper	chilesterife,	mia	years.
	11		- 0			
	IFICANT CONDITIONS CO	NTRIBUTING				
TIDISEASE OR	ATH BUT NOT RELATED TO T	RT 1 (A).	*****************	*****************************		
19A. DATE C	OF OPERATION 198 CON WAS PER	IDITION FOR W	HICH OPERATION	NO NO	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF ly medical examiner	218. home	PLACE OF INJURY (e.g., in the form, lactory, street, aft	or obout 21 C. WHERE DIC	(If In Boltimor	re City, give exact location)
OF INJURY	(Manth) (Day) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		While	e At Not While			
22 1	y that (1) (this heapise			200 1611	1 /1/	20471
				7/67	19 64 10 5	
) last sow the decease		4.	19/and	that In(my) (our) opl	mon death occurred an the dote
and hour or	nd from the causes sta	ted above, (I)	(地) (祖祖) (did not) vi	ew the bady after deat	h.	
23A. SIGNAT	URE / L. no	1 41				23 B. DATE SIGNED
Strange .	X/100clas	roll	Qua DEGREE Phys.	ding Med.	Staff Phys.	12/15/71
23C. PHYSICI NAME	AN'S Typel	/	DEGREE	3D. ADDRESS	.,	
TAME !	Ataollah	Golpira.	M.D.	3029 Dundalk	Ave. Dundalk	. Md.
IA. BURIAL CR	EMATION, 248, DATE		ME at CEMETERY OF CREE			
REMOVAL	(Specify)	, _				ity, town, or county! (State)
Burial	12/17/		dens of Faith			altimore, Maryland
DED DA	BY HEALTH DEAT.	258 NAME O	REGISTRAR	25C. FUNERAL DIRECT	OR POOR	ADDRESS
UL U AU	1916 Acometo		1	John J. Dud	a, 7922 Wise	Ave. Dundalk, Md.
S 150-REV. 1/1	/68	7				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was b.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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11 1	D- FAA BALTIMORE CITY	Y HEALTH DEPARTMENT
1	71 11783 CERTIFICA	TE OF DEATH REG. NO. 71 11783
1,1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
الـــــــــــــــــــــــــــــــــــــ	PAYNE CLARA B.	12/16/1971 at 9:00 A.M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md. 1503
lin	DISPITAL OR ADDRESS OF LOCATION! Lutheran Hospital of Maryland	C. CITY OR TOWN D. INSIDE CITY LIMITS?
6	730 Ashburton Street	E. STREET AND NUMBER
	Baltimore, Md. 21216.	2547 W. North Ave.
5. :		
	Temale Neg-O WIDOWED DIVORCED	11/9/1898 ost birthdoy) Vrs. Months Doys Hours Min.
don	. USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINESS OR INDUSTRY e during most all warking life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	DOMESTIC PUT FAMILY	VIRGINA U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	SANOY PARKER	LILLIE JONES
15. Yes	Was Deceased Ever in U. S. Armed Forces? s, no ar unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
	NO 214-20-3030 A	EMMA GRAY PAULSBORD TO J.
	18./ S CAUSE OF DEAT	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(This does not mean the made of dying an (A) IMMEDIATE CAL	seAdenocarcinoma of colon 9 months.
	heart failure, asthenio, etc. it means the disease, Injury ar complication which coused death.	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	4 14 for and 1 h. f. 4 for
	DISEASES OR CONDITIONS, il ony, giving (6) 1 TO INCL. DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the above cause (A) stoling the	
	UNDERLYING CONDITION fost, (C)	***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
F	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIF	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	140
₹	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examined	fice bldg. INJURY OCCUR?
MEDICAL	21D-TIME (Month) (Doy) (Yeo) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	OF INJURY (APPROX.) While At No! While Work At Work No While Wore While Work No While Work No While Work No While W	
	Work At Work 22. 1 certify that (1) (this hospital) attended the deceased from	
	that (i) (we) last sow the deceased alive on 12/16/19	1
	ond hour and from the sauses stated above. (1) (We) (did) (did not) v	
	23A. SIGNATURE	238, DATE SIGNED
	- CVC/14 ICUIY	nding Med. Stoff 12/16/19 71
	23C. PHYSICIAN'S NAME (Type)	3D. ADDRESS
	SURESH PENKAR	Lutheran Hospital.
24A	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
(2	NEN MT. ROYAL M. J.
25A	258, NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
0	EC 20 1971 Pole E Faller, MD.	NUTTER FUNERAL HOME NORTH AVE.

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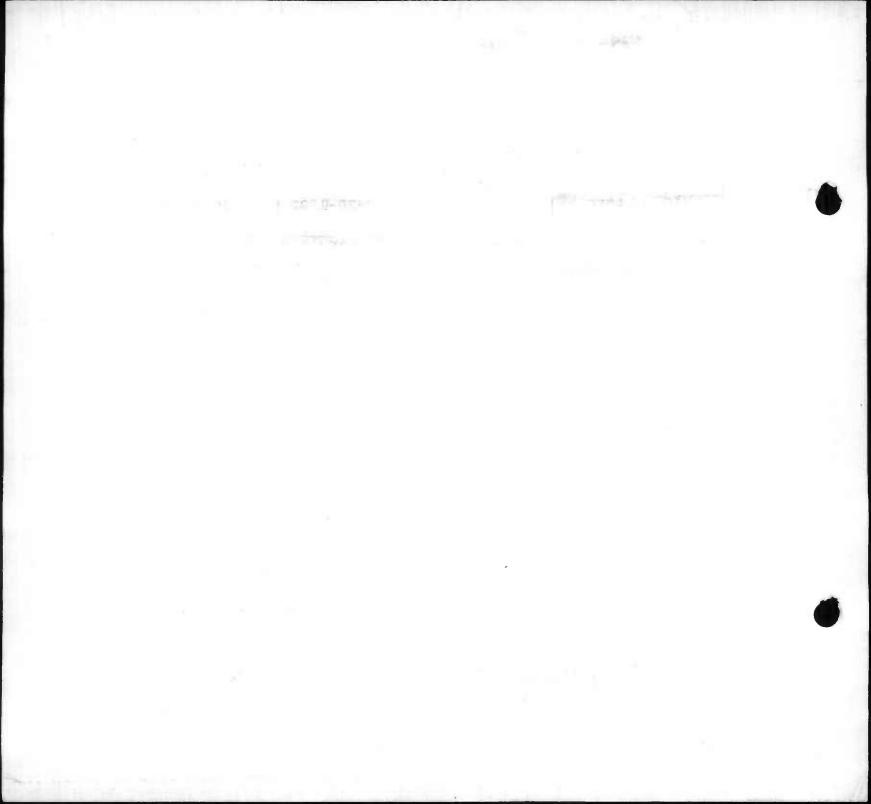
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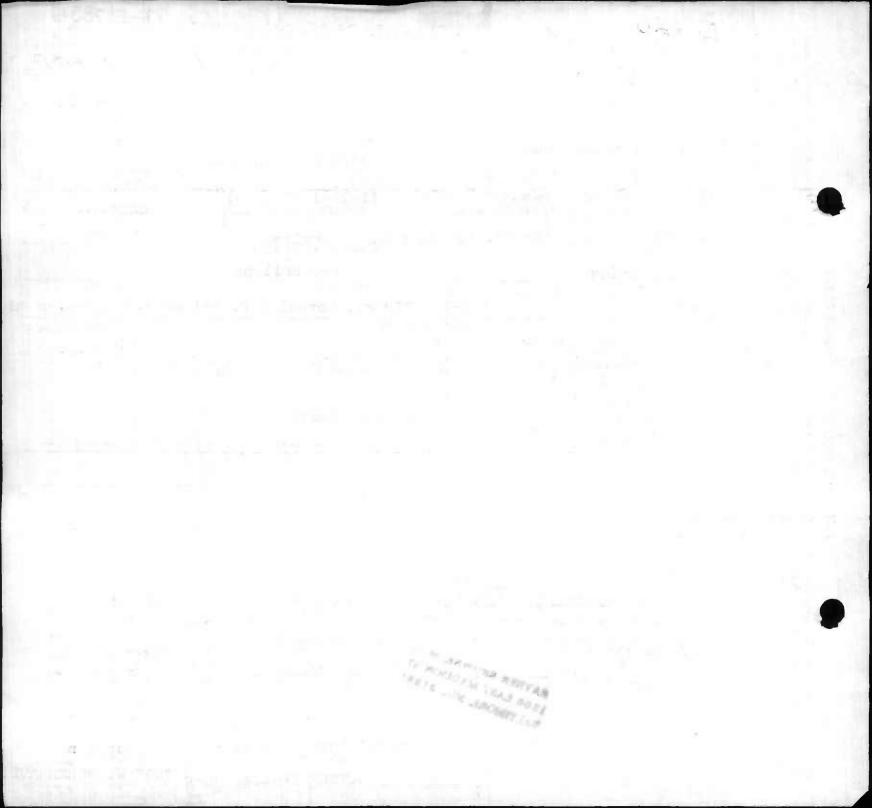
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was book at a mospilar (except where the provision who promotives again was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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C-234 71 1178	BALTIMORE CITY CERTIFICA	TE OF DEATH	REG. NO	71 11784
I'MAWE OF DECEASED		2. DATE AN	D HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	JEANNETTE	12/15	7/2/.	institution: residence before admission
WHERE P	OROGREED DEAD	A. STATE B. COUN	D D- ZI	institution: residence before damission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	1000	BAC711	
INSTITUTION		C. CITY OR TOWN		SIDE CITY LIMITS?
SOUTH BACTIMORE GE	N. HOSD.	E. STREET AND NUMBER		YES NO NO
000-911 / 3 17-6117-1001-10		3045- Soul	land,	Ne 21225
5. SEX 6. RACE 7. MAI	RIED NEVER MARRIED		ost birthday	If Under 1 Yr Il Under 24 Hrs Months: Doys Hours Min.
	WED DIVORCED	2-20-1922	49	
10A, USUAL OCCUPATION [Give kind of Work 10B, KI] done during most of working life, even il retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or forei	on country)	12. CITIZEN OF WHAT COUNTR
DOMESTIC. Pr	t. Family	Maryland	-	U.S.H.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAN	AE /	
William Cephas		Manie C	eving to	n.
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no ar unknown) (If yes, give war or dates of ser	1 6. SOCIAL VICE) SECURITY INC.	17. INFORMANT	0	ADDRESS
No		Mrs. Phyllis	West 304	Southland Ave.
18. 44 = 1	CAUSE OF DEAT	(g) H	Webe 304.	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A) IMMEDIATE CAL	ISED MIRACER	FBBAL +	I EMOURAGE
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	ease, DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.) ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any,	(B)	A CONSEQUENCE OF:		
rise to the obave cause (A) stating	the / U O	-R7E4SIUU		
UNDERLYING CONDITION last.	(c) + 3/6	=101 EN 31014	*********************	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM OF DISEASE OR CONDITION GIVEN IN PART 1 (a).	ING			
A DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	120A AUTOREVO (Voc. or No.	200 12 220 1400	
WAS PERFORMED	POR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
19A DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of	n or obout 21 C. WHERE DID	(If In Baltima	re City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not While At Work	· 🗆		
22. I certify that (1) (this hospital) otten			27/11/2	1/2/2/ 10
that (1) (we) last saw the deceased office			7/10/2	17/7/ 19 19 19 19 19 19 19 19 19 19 19 19 19
and hour and from the causes stated oba			i in (my) (our) ob	rmon death accoured on the qu
23A. SIGNATURE	ves (1) (me) (ala) (ala lial) V	iew the body offer dedth.		23 B. DATE SIGNED
- fair they	M. D. Atte	nding Med.	itaff thys.	12/12/21.
23 C. PHYSICIAN'S	DEGREE	Director L 5	nys.	/////
NAME (Type) 7AW. YW	HENG M.D	SONTH BACTO	2 Com	(+850.
24A. BURIAL CREMATION, 24B. DATE 2	C. NAME of CEMETERY OF CRE		CATION (C	ity, town, of county) (State)
REMOVAL (Specify)	Mt. Auburn Ce		ltimore	
25A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	remore	Maryland
DEC 20 1971 Pase E. Fall	ev. M.D.		DAT. DOME	
T50-REV. 1/1/68		TONE!	ALL HOME	3035 W. NORTH A



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be approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death tof any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased ital (except where the physician who pronounced death was in regular attendance on the ath); and (6) No physician was in regular attendance on the deceased prior to death. Such the obtained before the remains are embalmed or final disposition is made.	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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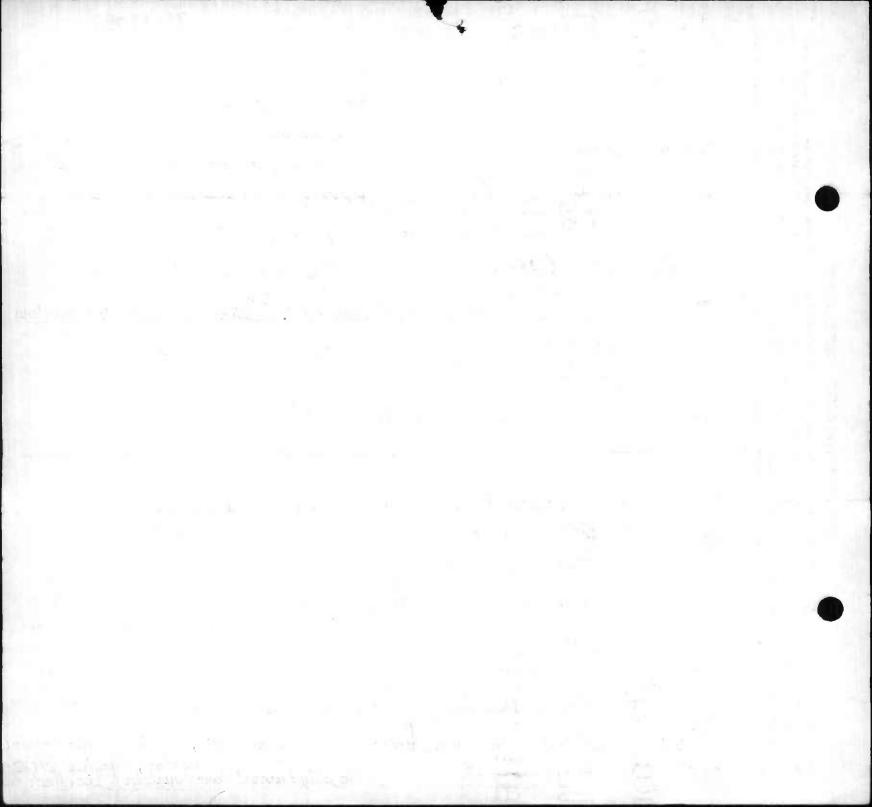
BALTIMORE CIT	Y HEALTH DEPARTMENT 71 11785						
BRH NO. 71 11785 CERTIFICA	ATE OF DEATH						
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
Bernard R. Briggs	M. [14. USUAL RESIDENCE IWhere deceased fixed, If institution; residence before admission]						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A STATE B. COUNTY Maryland						
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
003608 Dennlyn Road	E. STREET AND NUMBER						
	3608 Dennlyn Road 8. DATE OF BIRTH 9. AGE Un years 16 Under 1 Ye 16 Under 24 Hrs.						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED MIDOWED DIVORCED	11-23-1890 81 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
IGA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE Stale or foreign country! 12. CITIZEN OF WHAT COUNTRY?						
Teacher Balto. Public Sc	h. Maryland USA						
13. FATHER'S NAME	IA MOTHER'S MAIDEN NAME						
Tondon Briggs	Mary Holland						
London Briggs 15. Wee Deceased Ever in U. S. Armed Forces? 116. SOCIAL	17. INFORMANT ADDRESS						
[[Yes,no or unknown][Iff yes, give war or dates of service] SECURITY NO.	OMrs. Cornelia F. Briggs 3608 Dennlyn Rd						
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	LOID-Schaotic Pyrs.						
II I I I I I I I I I I I I I I I I I I	S A CONSEQUENCE OF:						
heart failure, aethenia, etc. It means the disease, injury or complication which caused death.)							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:							
nise to the above cause (A) staling the UNDERLYING CONDITION last. (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF SEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1 (21A PLACE OF INJURY (e.g.	20A-AUTOFSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
U 21A ACCIDENT WAS UNDERLYING 121B PLACE OF INJURY (e.g.	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)						
21A. ACCIDENT WAS UNDERLYING 21R. PLACE OF INJURY (e.g., form, factory, street, fact	office bldg. INJURY OCCURY						
	215 HOW DID INJURY OCCUR?						
S IAPPROX! While At Not W!							
22. I certify that (1) (this hospital) attended the deceased from 1949 19 to 120 14 197/							
that (1) (we) lost saw the deceased alive on 1/14 19 7/ and that In (my) (ove) opinion death occurred on the date							
and Pour and from the causes stated abave. (1) (He) (did) (did not)							
23A. SIGNATURE 23B. DATE SIGNED							
TO THE DISORTER	tending Med. Stuff /2-/5-7/						
23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS						
244. BURIAL CREMATION, 248. DATE DEGREE OF CEMETERY OF C							
REMOVAL (Specifyl							
Burial 12-18-71 Arbutus Memo	rial Park Baltimore Co. Marylahd						
DEC 20 1971 Robert E. Jaben M. D.	2025 VI MODELL BINE						
DECENT WOODEN - NAMED AND ADDRESS OF THE PARTY OF THE PAR	NUTTER FUNERAL HOME 3035 W. NORTH AVE						



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	11			77	BAL MORE	CITY HE	ALTH DEPARTA	MENT	1	194 AA	m-0.0	
1	11-32	0 7	4 44	786	CERTIFI	CATE	OF DEA	TH	REG. NO	71 11	786	
1.1	AME OF DEC	AZED .	Alle Alle office	100					D HOUR OF DE	ATM		_
	pe or Print)	Ser	io m	n'u	Moth	ème		12	/18/-	7/	14 75 1.	
3.	PLACE IN BALT	IMORE M	INLAND, W	HERE PROP	NOUN CED DEAD	14.	USUAL RESIDEN	CE (When	e deceased lived	. If institution;	residence before admission	<u>A.</u>
FU	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						A. STATE B. COUNTY A. A. C. O. C. CITY OR TOWN In INSIDE CITY HARTS?					>
Do sodena YEST NOTO												
South Boltimore General H E. STREET AND NUMBER								-				
							23 L	-012	e dri	ve 2	2/122	
5. 5	EX	6. RACE	,	7- MARRIE	D NEVER MARRIED	8. [ATE OF BIRTH		9. AGE (In years lost birthdoy)	If Unde Months	or 1 Ys. If Under 24 Hrs. Doys Hours Min.	=
1	Male	Wh	o te	WIDOW	ED DIVORCED		1/20/	12	59 Y	,	Doy's Hours Min.	
	USUAL OCCU			10E KIND	OF BUSINESS OR INDI	USTRY 11.	BIRTHPLA CETSIO	te or forei	gn country)	12. CIT	IZEN OF WHAT COUNTRY	<u> </u>
	- 0	neer		Wes	trughous	8	N - 0				U. S. A.	
13.	FATHER'S NAM		1		\	14.	MOTHER'S MAIL	DEN NAM	ΛE		()	-
16	Was Deceased	ber	(dec)		Aus	ui e	· Sut	tou	(dec)	
Υe	(no of unknown)	(If yes, give	war of dole	of service	SECURITY NO.	//-	INFORMANT	Wil	e		ADDRESS	
	No				1216-12-6	878	Margaret		itthews .	23 Luke	Drive Pasaden	a
	18. 4/10	.91			CAUSE OF I	HTASC	-			-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	_
			DITION DIR	ECTLY			A .		0 1	(.		
	(This does not mean the mode of dying, e.g., (A) MMEDIATE CAUSE MIO COT & al Tu for time											
	heart failure, c	isthenia, ot	c, It means	the diseas	se, DUE TO, C	OR AS A CO	NSEQUENCE OF:		J			
	injury or complication which caused death.)											
	ANTECEDENT CAUSES (B) Arterioscheroni Cordionacular diseose											
	DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) slating the											
	UNDERLYING CONDITION lest. (C)											
7												
ПОП	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL											
CA	DISEASE OR CO	NOTION G	IVEN IN PART	1 (A).	R WHICH OPERATION		20 A. AUTOPSY? (Y	es es Nel	208 IF YES, W	TRE SIMPLIFICA	CONCIDENCE	_
CERTIFICATION	0		WAS PERF	ORMED			- A010131111	CE 01 1107	IN CERTIFYING	CAUSES OF	DEATH?	
CE	21A. ACCIDEN	WAS UN	DERLYING	2	IB PLACE OF INJURY	le.g., in or	obout 21C. WHERE	E DID	(If to Bol	Itimore City, giv	re exact location)	-
AL	OR CONTRIBUT	medicol exo	nined DSE OF	h	ome, form, foctory, stre	et office	bidg., INJURY OC	CU 127	•			
MEDICAL	21 D. TIME	(Month) (E	Poy) (Year)	(Hous) 2	IE INJURY OCCURRED		21E HOW	DID INII	IRY OCCUR?			_
ME	OF INJURY	and the same of		V	While At C Not	While		010 1110	AT OCCOR.			
												_
	that (1) (we) last sow the deceased alive on December 1844 1971 and that in (my) (our) opinion death occurred on the date								•			
	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.											
	23A. SIGNATUR		60	1.0.	~	A 1*	- 44 1			238, DAT	E SIGNED	_
	/		ru	dery	DEGREE	Phys.			Phys.	110	2/18/71	
	NAME (Ty	rs el				23 D.	ADDRESS	0	(_		-
		Do	Ceso	r H	reduction "	GREE S	south	1000	Limore	Gove	nal th	
24A	REMOVAL (Sp	ATION, 24	B. DATE	24C.	NAME . CEMETERY .	CREMAT	ORY					-
	Burial		2/21/7	1 9	len Haven (en	neteru	L	Gles	r Burrie,	Maryla	nd Anne Aruno	de
25A												_
	ECSTI	AU A	about E	TALES	14. P. D.		Moully	Fune	ral Home	Mountais	r & Tick Neck	Ro
1/0	CO DELL 9/1///	While At Work										



(4) Undetermined cause; occurred in contributing deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made. in regular approved by the chief medical examiner or his assistant if death 0 Was direct death any kind; who pronounced Also, (3) A fracture of examiner. physician the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns; the (except where

at a hospital

was D.O.A.

VS 150-REV. 1/1/68

This certificate must be

of death Deceased

a hospital

the

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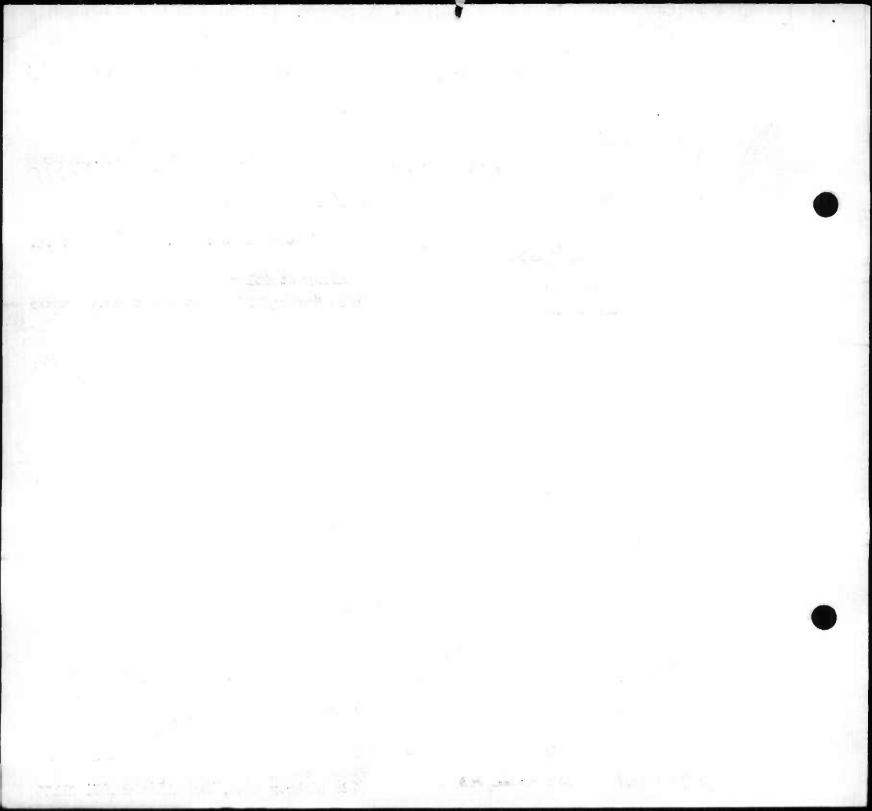
attendance COUSe

prior to death. Such

	ALTIMORE CITY	HEALTH DEPARTMENT	
	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 71 1	1787
	(Type of Print) Myerly, David Lester	2. DATE AND HOUR OF DEATH	10:50 A.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institutions,	AM. residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. Baltimore, Md.	2788
H	Hayland general Horns Cot	Baltimore VES	NOT
	Maryland General Hospital, Baltimore, Md	52 33 Kein Furguer 19	Rd. 21215
	5. SEX W WIDOWED DIVORCED	1 0/2/02	Days Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of prophing life, even if retired)		ZEN OF WHAT COUNTRY?
	Chautler (BUS) STA BTA 13. FATHER'S NAME BENTON MYRAN TV	oo., IM.	SA U.S.A.
	Denoon riverly	14. MOTHER'S MAIDEN NAME	
	SENTON MYERLY 15. Was Deceased Ever in U. & Armed Folces? 16. SOCIAL	Calley Steitley	
	SECURITY NO.	Alice Myerly, 5233 Reisterstown	Rg., 21215
	18. CAUSE OF DEATH	ALICE MYERLY 5233	Reistertown RD,
	DISEASE OR CONDITION DIRECTLY	A .	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	se Ca Kuntratui	March - Dec
	1	SE Ca Proton to i	1971
H	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, if ony, giving nso to the above couse (A) stoting the UNDERLYING CONDITION last. (C)	A CONSEQUENCE OF:	## B-a-n-p-p-h-h-p-p-p-p-p-p-p-p-p-p-p-p-p-p-p
	z II		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	CONSIDERED DEATH?
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, offi	ar obout 21 C. WHERE DID (II in Baltimare City, give	exact facation)
	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	Work At Work		
	22. 1 certify that (1) (this hospital) attended the deceased from	19 10 17/19/	19

and that In(my) (aur) apintan death occurred an the date and have and from the couses stated above. (1) (We) (did) (did not) view the bady after death. 27A. SIGNATURE 23B DATE SIGNED Attending Med. Director Phys. DEGREE PHYSICIAM'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) CEMETERY OF CREMATORY DATE 24C. NAME of 24D. LOCATION (City, town, or county) (Stole) Druid Ridge Cemetery Burial Pikesville, Baltimore, Maryland DEC 21 1971 Page A 258 NAME OF REGISTRAR Loring Byers 8728 Liberty

Funeral Directors Road, Randallstown



Such

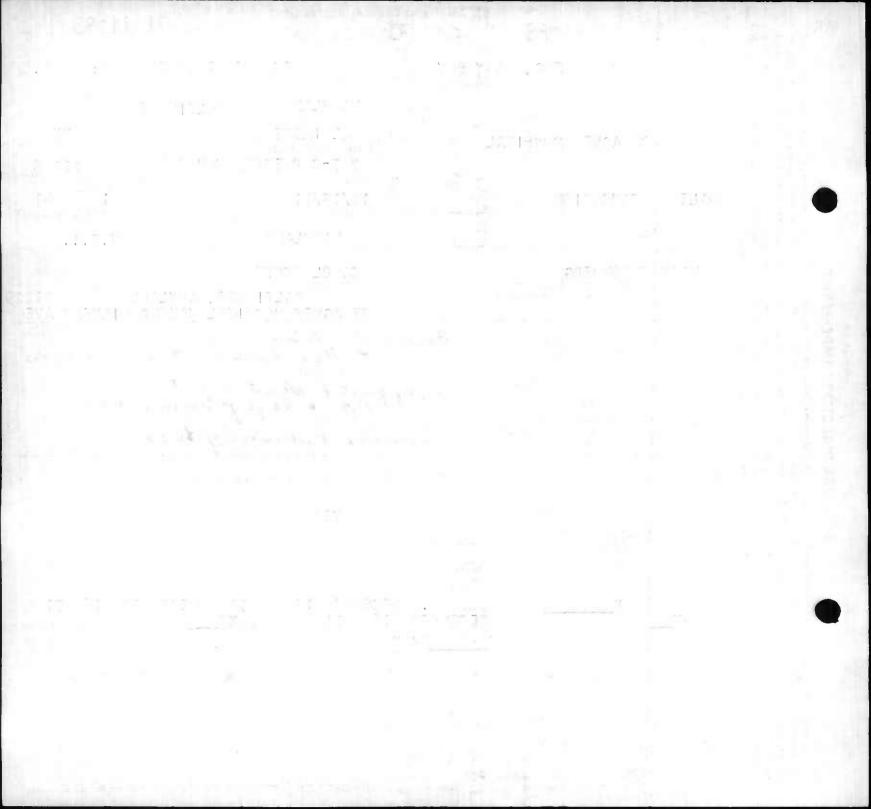
death was in regular attendance on the

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

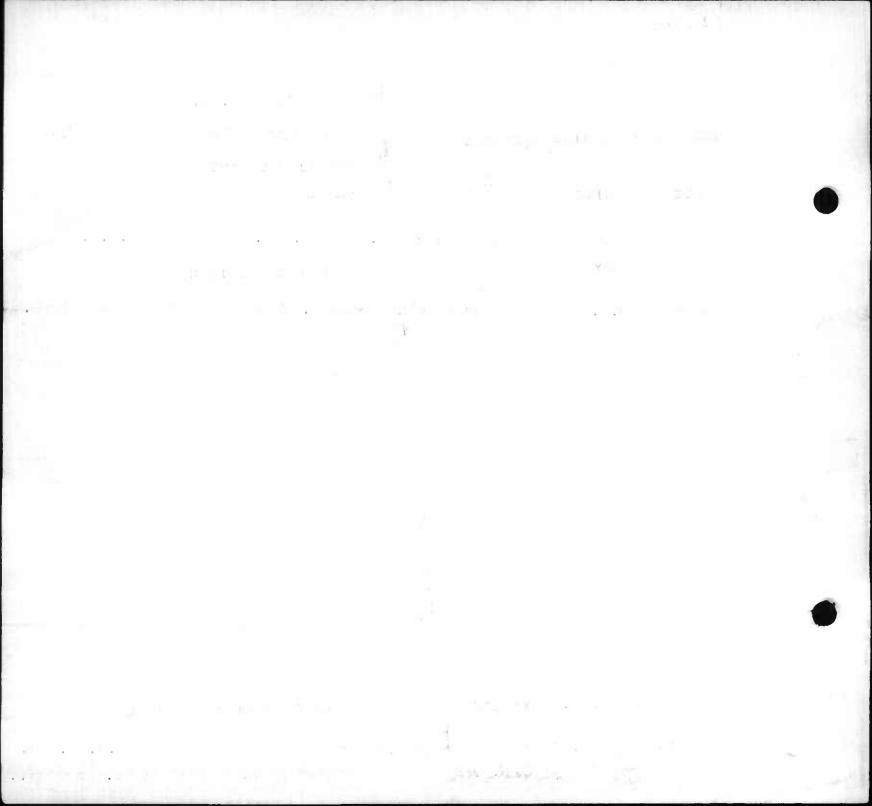
0 01	مر ا		BALTIMORE CITY	HEALTH DEPARTMENT	S //	M4 44 00	1		
BIRTH NO.	71-2080417	88	CERTIFICA	TE OF DEATH	REG. NO	/1. 11788			
(Type or Print)	STROMBER	RG , BAE	ву воу		MBER 16,19		·		
3. PLACE IN B	ALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD		iere deceased lived. If	institution: residence before admi	issign)		
FULL NAME O HOSPITAL OR INSTITUTION	(IF NOT IN HOSMI ADDRESS OR LOC	TAL OR INSTIT ATION)	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTIN	MORE 5 3	00		
40	ST AGNES HO	SPITAL		BALTIMORE		YES NO XX			
				E. STREET AND NUMBER 207-C PRES	TON COURT	2122	8		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	Manths Days Hours N	4 Hrs.		
MALE	CAUCASION	WIDOWED		12/15/71		1 4	-1		
done during most of	of working life, even if retired)	KIOB KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fo	reign country)	12. CITIZEN OF WHAT COU	JNTRY?		
13. FATHER'S N.		<u> </u>		MARYLAND 14. MOTHER'S MAIDEN NO	U.S.A.				
	STROMBERG								
15 Was Dances	of Europe In It & Accord to	ces?	16. SOCIAL	CAROL SCOTT					
(Yes, no or unknov	vn) (If yes, give war or date	s of servicel	SECURITY NO.	BALT	IMORE , MARY	YLAND 2	1122		
118, 67, 27			CAUSE OF DEATH		SPITAL CAT	TONE WILKENS A	VE		
17	ASE OR CONDITION DI	RECTIV	Cardis	-Respitatory	failur	APPROXIMATE INTER			
	LEADING TO DEATH	ALDRIAGE CASS	of Prent	and thos	ax lugu	123			
lThis does	not mean the mode of a, asthenia, etc. It means	dying, e.g.,	DILETO OP AS	CONSEQUENCE OF:		/			
injury or co	omplication which caused	death.)	Carro	mitof Hea					
	ANTECEDENT CAUSES (B) (PDA & large foramen or ale)								
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lest. (6) DUE TO, OR AS A CONSEQUENCE OF: (C) Corporated Pulmon any teles								
	NG CONDITION lost.	sioning me	(c) Corger	ital Pinking	may the	262			
2	11		2 . 1	4					
TO THE DEADISEASE OR	IIFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	HETERMINAL T 1 (A).	***************************************	ral Hydron		***************************************			
19A.DATE C	OF OPERATION 198 CON WAS PER	FORMED	WHICH OPERATION	YES		FINDINGS CONSIDERED AUSES OF DEATH?			
DEATH (not	ENT WAS UNDERLYING DUTING CAUSE OF fy medical examined	21B hom etc.	ie, farm, foctory, street, aft	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Baltimo	are City, give exact focotion)			
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?				
(APPROXI		Wh	ile At Not While						
22. I certif	22. I certify that (M (this hospital) attended the deceased from DE CEMBER 15 19 71 to DE CEMBER 16 19/1								
that (K) (we	that (K(we) last saw the deceased alive on DECEMBER 16 1971 and that In (mx) (our) opinion death occurred on the date								
and hour a	and hour and from the causes stated above. () (We) (dld) (XIX XX) view the bady after death.								
23A. SIGNAT						23 B. DATE SIGNED			
	ffectorys	K M	DEGREE Phys.	ding Med.	Staff Phys.	12-17-71			
23C. PHYSICI	TAN'S (Type)	,		3D. ADDRESS					
11	l'atide	B0412	MAID DEGREE	St. agnes 18	p,				
24A. BURIAL CR REMOVAL	(Specify) 248. DATE	MC.N	AME of CEMETERY OF CRE	MATORY / 24D.	LOCATION (C	City, town, or county) (Sto	ote)		
BUrli	al 12/181	" Gle.	n Haven Cen	netery GI	en Burnie	Marvland			
25A. DATE REC	D BY HEALTH DEPT.	258 NAME C	F REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS			

71 VS 150-REV. 1/1/68

Ambrese INC 1328 Sulphur Sp. Rd



and sed the cch		THE NO.	TE OF DEATH REG. NO. 71 11789
0 0 0		NAME OF DECEASED ype or Print) Day Officers Officers	2. DATE AND HOUR OF DEATH
of do Deceded	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
5000	IL.	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY A. A. CO
a hose ause; (5)	II H	OSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
0 8 9 1	II	HE JOHNS HOPKINS HOSPITAL	LINTHICUM HGTS YES NO T
ting d cau		3.3	E. STREET AND NUMBER 203 SCHOOL LANE
1200 P		SEX 6- RACE 7- MARRIED NEVER MARRIED	8 DATE OF BIRTH 19 AGE (In years 11 Hades 1 Ve 11 Hades 1 Ve
Se gu		MALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr., II Under 24 Hrs., Months Doys Hours Min.
th o condition the condition record	10A	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BIRTHPLACE [Stote or loreign country] 12. CITIZEN OF WHAT COUNTRY?
deat t or Undeas as ir e de	11	Investigator Motor Vehicle Adm	. Balto. Md. U.S.A.
D + D o s	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		JOHN CAVEY	KATHERINE SULLIVAN
B - D E O -	15. (Ye	Was Deceased Ever in U. S. Armed Forces? s. no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Hand A Puri	L	yes W.W. 11 215-01-829	Mary D. Cavey 203 School Lane Linth.
his as so, if any inced enda d or		18. 4 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
lso of of of of of of of		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MYOCADDIA ALCORATION SIND
h		(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
miner. fractu o pro gular emba		injury or complication which caused death.)	15 Month
xami xami) A fr who regi		ANTECEDENT CAUSES (B) CORO	WARY ANTERY ARTENOSCHWES
0 3 2 6 0		rise to the above couse (A) stating the	A CONSEQUENCE OF:
cal al e s; (3 s; (3 iian iins		UNDERLYING CONDITION lost. (C)	***************************************
medical burns; hysicia in was remain	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
med y bu phy phy ian	ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
2000-	CERTIFICATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2 E E	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID (II In Boltimore City, give exact location)
ital bereital	CAL	OR CONTRIBUTING CAUSE OF home, form, factory, street, offi DEATH (notify medical examine)	ice bldg., INJURY OCCUR?
Q.G. ₹ ₹ B.	ED	21D-TIME IMonth) (Doy) (Yeor) IHour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
	8	(APPROX.) While At Not While At Work	
C P X E 5		22. I certify that (I) (this hospital) attended the deceosed from	2//3/7/ 19 to /2//3/7/ 19
-0		that (1) (we) last sow the deceased olive on 12/13/71	ond that in (my) (our) opinion death occurred on the date
st a trans		and hour and from the couses stated above. (1) (We) (did) (did not) vi	
SOPOPE		23A, SIGNATURE	ding Med. Staff
a h		College. Physical Physics Phys	Director L Phys. L /2//3/7/
was re An ac L at a prior t		NAME (Type)	THE JOHNS HOPKINS HOSPITAL
Man and Man	24A	A- BURIAL CREMATION, 248, DATE 24C, NAME OF CEMETERY OF CREATERY O	
This certil the body shows: (1) was D.O./ deceased written a			
This certhe bocs shows: was D. deceas writter	25A	Burial 12/17/71 Holy Cross Cen	netery Ritchie Highway A.A.Ct. Md.
This the show was dece		NEC 21 1971 Polent C. Jaken Ma.	KRAUSE FUNERAL HOME 1216S.CharlesSt
	VS	150-REV. 1/1/68	

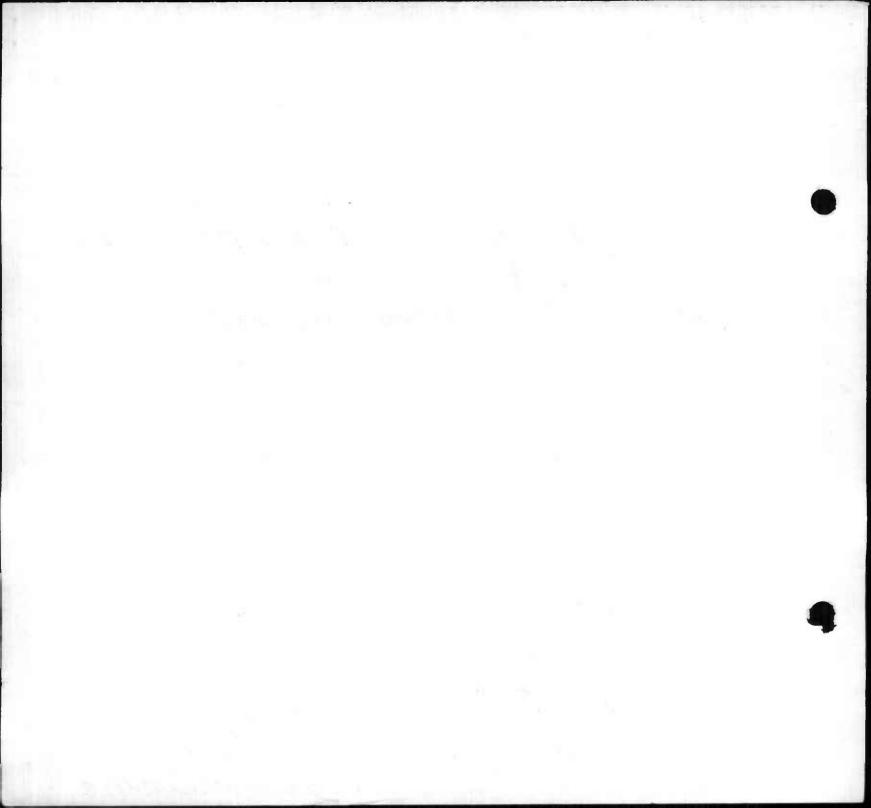


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BALTIMORE CITY HEALTH DEPARTMENT

74 44500

	t-460 71 1179	CEPTIFICA	TE OF DEATH	REG. NO	TT/20				
LUC	RTH NO.	CENTITICA			4				
	(pe or Print)	150	2. DATE AT	ND HOUR OF DEATH	1 . 10 . 0 . 0				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ve deceased lived. If institut	1 10:05 Am.				
			A. STATE B. COUN	ITY	7014				
H	OSPITAL OR OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	Maryland		147				
I	ISTITUTION		C. CITY OR TOWN		CITY LIMITS?				
. 0	The Johns Hopki	ne Hoenital	Baltimore E. STREET AND NUMBER	YE	SK NO				
1	5 me comis nopal	no nospicar	2006 Ashla	nd Arronno					
5.	SEX 6. RACE 7. M	ARRIED NEVER MARRIED	0		Under 1 Yr., If Under 24 His.				
	Mala	OWED DIVORCED	8/2/93	9. AGE (In years If lost birthdoy) 78	onths Doys Hours Min.				
10	A. USUAL OCCUPATION (Give kind of work 108, K		11. BIRTHPLACE (State or fore	ign country) 1:	2. CITIZEN OF WHAT COUNTRY?				
100	during most of working life, even if settired)	None	Ball.	M.	4.5.1				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	MF	01.5				
	1/1/1/2	1	1						
15.	Was Deceosed Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	14					
(Y e	s, no or unknown) (If yes, give wor or dotes of s	ervice) SECURITY NO.		7 . 1 .	ADDRESS				
-	NHS WWI	213-18-6968	Worn)	IN ple / sung	Jame				
	17/5/9	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH	<u></u>	ARCINOMA OF	STOM ACH	20 mos				
	(This does not mean the made of dying	(A) IMMEDIATE CAUS	SE WITH A CONSEQUENCE OF:	METASTASES	20 MOS				
	hearl failure, asthenia, etc. It means the d injury or complication which caused death	isease.							
	ANTECEDENT CAUSES		7						
	DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT					
	rise to the obave cause (A) statin	ig ine							
	11	(c)		*************************					
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING							
F	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)				*****				
FIC	19A. DATE OF OPERATION 198. CONDITION WAS PERFORME	FOR WHICH OPERATION	NO NO	IN CERTIFYING CAUSES	INGS CONSIDERED				
CERTIFI	21A ACCIDENT WAS INDESTRUCTED								
11	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or obout 21 C. WHERE DID	(If In Boltimore Cit	y, give exect location)				
ICAL	DEATH (notify medical examined	elc.)							
MEDI	OF INJURY (Month) (Doy) (Yeor) (Hou		21 F. HOW DID INJ	URY OCCUR?					
	(APPROX.)	While At Not While At Work							
	22. 1 certify that (1) (this hospital) atte	nded the deceased fromA	PRIL	1970 to DET	2 19 7/				
	that (I) (we) ast saw the deceased all	re on 20 DEC	19 <u>71</u> and the	ot In (my) ((our)) apinion	deoth accurred on the date				
that (1) (we) ast saw the deceased alive an 20 DEC 1971 and that in (my) (our) apinion death accurred on the de and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.									
	23A. SIGNATURE			23 B	DATE SIGNED				
	Benjamin I	- Torthoy DEGREE Phys.	ding Med.	Stoff Phys. 2	2-20-71				
	23C.PHYSICIAN'S NAME (Type)	100	3D. ADDRESS						
	NAME (Type) Benjamin L.	Portnoy, M.D.	The Johns Ho	opkins Hospi	tal				
24/	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CREA	MATORY 24D. LO	CATION (City, to	wn, or county) (Stole)				
1	Herry 12-2271	AnbuTus 16	Jane Va de	A. but.	m.V				
25/	A. DATE REC'D BY HEALTH DEPT.	AMOOF RIGISTRAR	25C. EUNERAL DIRECTOR	150000	ADDRESS				
	DEC 21 1971 Valore -		100 110n	DU INDI PSI	ally to				
VS	150-REV. 1/1/6B			The state of the s	and the				



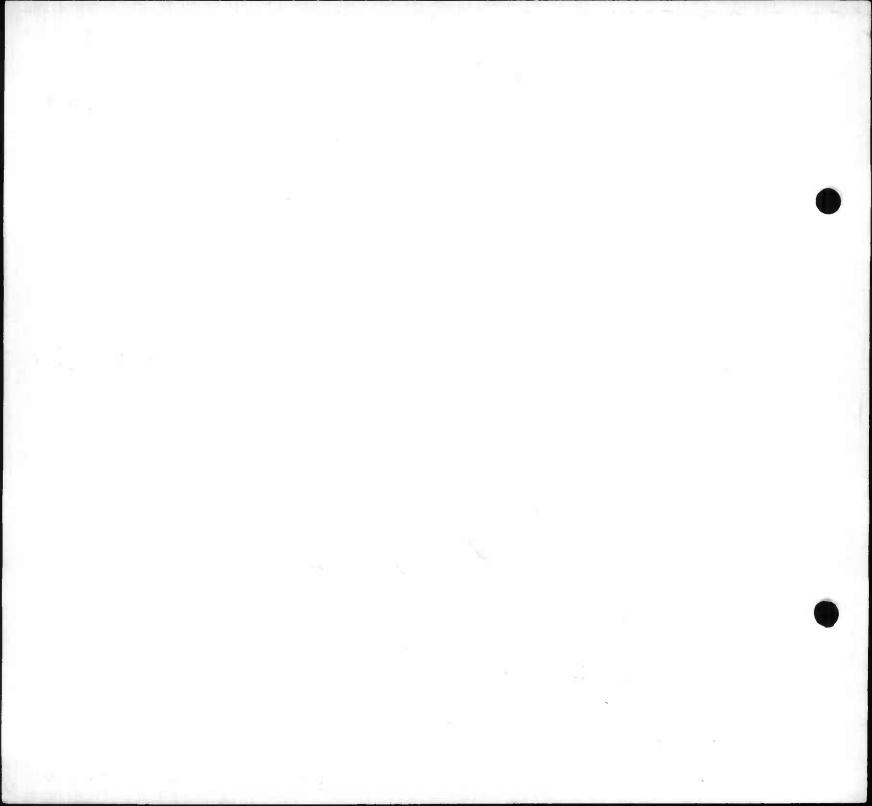
Such This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Written approval must be obtained before the remains are embalmed or final disposition is made.

- 11								
	T-320 71 11	CANA COLOR	HEALTH DEPARTMENT	S. NO. 71 11791				
	DIKITI NO.	CERTIFICA	TE OF DEATH REC	5. NO. * 4 ***				
	I. NAME OF DECEASED (Type or Print)		2 DATE AND HOUR	F DEATH				
	TAIES X	CONALD	12/17/7	1 925 PM				
1	CERTIFIC XYE	ERE VIOLENCES DEADE	4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	lived, If institution; residence before admission				
	FULL NAME OF OF OF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	1132 MYRTLE					
	HOSPITAL OR ADDRESS OR LOCATION	12-28-71	C. CITY OR TOWN	D. INSIDE CITY LIMITS?				
	UNIV OF MD	HOSPITAL	CITY	YES L NO				
	The state of the s		E. STREET AND NUMBER	1 1110				
	BRITO.	MD.	1132 MY KT	TUE NVE 1100				
Ш	5. SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In last birthday	yeors II Under 1 Yr., iI Under 24 Hrs. Months! Doys Hours Min.				
		WIDOWED DIVORCED	Sept.13, 1907 ->2-	Months Doys Hours Min.				
	10A, USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign country!	12. CITIZEN OF WHAT COUNTRY				
	NONE		Do. 11. ?	0 3101				
Ш	13. FATHER'S NAME		M. MOTHER'S MAIDEN NAME	ust				
	02?111		m 3 /	/				
	15 Was Distalled Incl.	٠	Mary Smoule	Leve				
	15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dates of	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
	no m	?	A Jorthy Mills is	og Mc Kons like				
	18. 4 / 9 1 5 1	CAUSE OF DEATH	77 13 14 17 18 18 18	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH				
	DISEASE OR CONDITION DIREC	CTLY DE	AD ON ARRIVI					
I	LEADING TO DEATH	(A) IMMEDIATE CAUS						
	heart failure, asthenio, etc. If means the	e disease.	CONSEQUENCE OF:					
	injury or complication which caused de	iath.)	of f	/-				
	ANTECEDENT CAUSES	(B) Chron	obstruction among	dioear				
	DISEASES OR CONDITIONS, if any rise to the abave cause (A) sta	, giving DUE TO, OR AS A	CONSEQUENCE OF:					
Ш	UNDERLYING CONDITION last.	(c)	or sentmort					
11								
I	O OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING						
	TO THE DEATH BUT NOT RELATED TO THE I	(A).						
I	OTHER SIGNIFICANT CONDITIONS CONTE	ION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YE	S, WERE FINDINGS CONSIDERED				
I	21A ACCIDENT WAS INDESTRUCTED		122	No				
11	On contratetion of a contrate	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, offi	or about 21C. WHERE DID (II) ce bldg., INJURY OCCUR?	n Boltimore City, give exact location)				
	DEATH (notify medical examiner)	elc.)						
	O 21D.TIME (Month! (Doyf (Year) ()	Houd 21E INJURY OCCURRED	21F. HOW DID INJURY OCCU	?				
$\ $	(APPROX.)	While At Work At Work						
11	22. I certify that (I) (this hospital) a	ttended the deceased from	12/17/71 9PM 10 10					
	that (f) (we) last saw the deceased a	alive an	19 and that 1- ()	aur) opinian death accurred an the date				
	and have and from the causes stated	above (I) (Wa) (414) (414)	and Indiana,	and obtained death accorded an the date				
and have and from the causes stated above. (I) (We) (did) (did nat) view the body after death. 23A. SIGNATURE Attending Med. Phys.								
	NAME (Typel	/	D. ADDRESS	-14				
LAWRENCE A- FLEMING UNIVERSITY HOSP								
	AA. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CREA	AATORY 24D. LOCATION	(City, town, or county) (State)				
	Burull 12-23-7	INTORQUE (D	1/1/1/10	unter my				
		BOAM OF AGERAR	25C TUNERAL DIRECTOR	ADDRESS				
	UEC - 13/1 Card	The same of the sa	Churchen 19m	Mentherles				
1	'S 150-REV. 1/1/68			Company was				

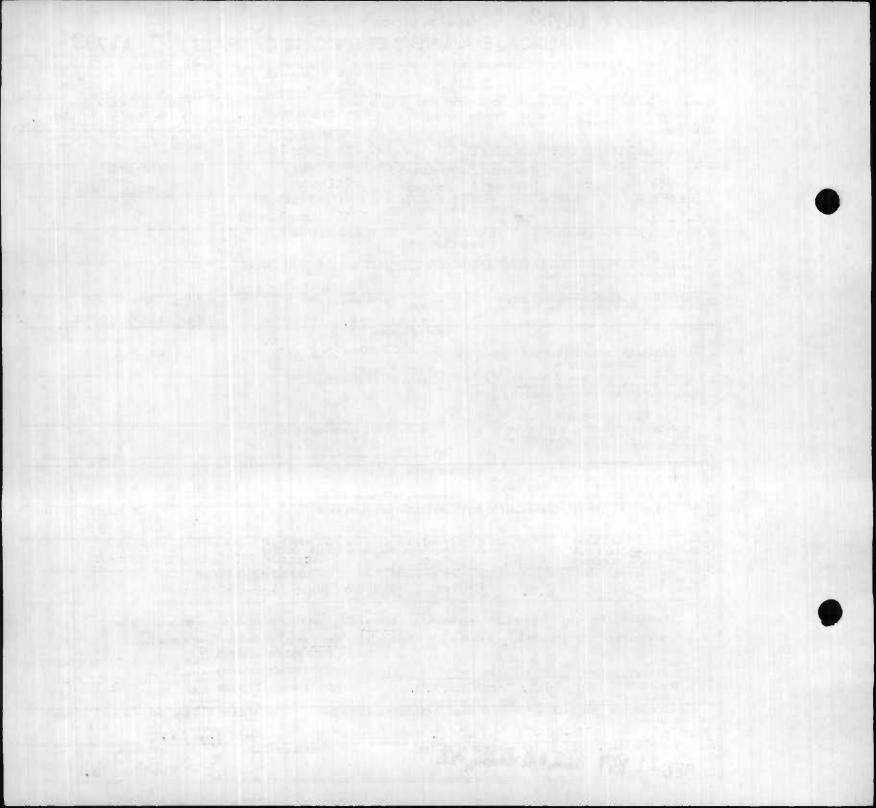
Firth Certificate A-32μμ6 - 1907 and page from Family Record 12-28-71 M.H.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11	14-00	BALTIMORE CITY	HEALTH DEPARTMENT						
# -656	11792		TE OF DEATH	REG. NO. Z	1 11792				
1. NAME OF DECEASED	64.0	naga		AND HOUR OF DEATH					
F	AKMER.	MRS, ANN	1/6 12	120/71	1300 A M				
3. PLACE IN BALTIMORE MA	RYLAND, WHERE FROM	DUNCED DEAD	4. USUAL RESIDENCE IN	here docoosed lived, If in:	stitution: residence before admission)				
II HOSHIAL OK ADDRE	IN HOSPITAL OR INST	TUTION, GIVE STREET	Maryland		2001				
INSTITUTION		,	C. CITY OR TOWN Baltimore		DE CITY LIMITS? YES NO				
34 1300	SECOURS 14	OSPITAL	E. STREET AND NUMBER		YES NO NO				
			1831 Penus	se ave.	21223				
5. SEX 6. RACE The grant of the		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.				
10A. USUAL OCCUPATION (GIV	MIDOME	DIVORCED DIVORCED DIVORCED		71					
done during most of working life, ev	en if retired)		Horth Car	reight country)	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	00, 50, 00				
Robert Jos	read		JOANN KNI						
15. Was Deceased Ever in U. S IYas, no or unknown! Ilf yes, give	Armed Forces?	1 6. SOCIAL	17. INFORMANT	<i>47</i>	ADDRESS				
76	NOT OF GOIDS OF SOLVICE	343-46-8900	Chart						
18. 250 9 1		CAUSE OF DEATH		a annest	APPROXIMATE INTERVAL				
DISEASE OR CONI		S	of the same of	111	BETWEEN ONSET AND DEATH				
(This does not mean the	mode of dving e.g.	(A) IMMEDIATE CAU	SE CEREBRACI A CONSEQUENCE OF:	Vaccula	accident I day				
heart failure, asthenia, ele injury at complication wh	. Il means the disease	1	CONSEQUENCE OF:						
ANTECEDEN	T CAUSES	MS	CVP						
DISEASES OR CONDIT	ONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		PPPPRPRPRPRPRPRPRPRPRPRPRPRPRPRPRPRPRP				
UNDERLYING CONDITIO	N last,	(c) Dear	retes mell	ilio					
z 11									
OTHER SIGNIFICANT COND	ATED TO THE TERMINAL	***************************************							
OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RE DISEASE OR CONDITION GI 19A-DATE OF OPERATION 21A-ACCIDENT WAS UND	198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208, IF YES, WERE FI	NDINGS CONSIDERED				
				IN CERTIFYING CAU	SES OF DEATH?				
OR CONTRIBUTING TO CALL	SE OF 211	PLACE OF INJURY (e.g., in ne, farm, foctory, street, off	or obout 21C. WHERE DID	(If In Baltimore	City, give exect location)				
DEATH (notify medical example of 21D-TIME (Month) (D	2.0011								
OF INJURY		INJURY OCCURRED Not While	21F. HOW DID IN	JURY OCCUR?					
1	We	one L At Work							
22. I certify that (1) (this			2 1 1 1	19to	12-20 19 2/				
	that (1) (we) last saw the deceased alive on 2 20 19 and that In(n) (our) opinion death occurred an the dat								
and haur and from the causes stated abave. (We) (did) (did not) view the bady after death. 23A. SIGNATURE									
Che	cen7, 7	De la Company	ding Med.	Staff Phys.	12-20-71				
23C.PHYSICIAN'S NAME (Type)	7 7 10 - 1	A. DEGREE	3D. ADDRESS	,	11 \				
CH	06707. h	ONET DEGREE	Don 1	deeners 1	tospilas				
24A. BURIAL CREMATION, 24B		AME of CEMETERY OF CREA	+		, town/or county) (Stote)				
ZSA. DATE REC'D BY HEALTH	-25-71			RBORO, N.C	- 1				
ON ON THEREIN	REAL SON	F REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS HORTH AVE				
VS 150-REV. /1/68	The second second		VALLE PAR	011 720 E	110KIN NVE				

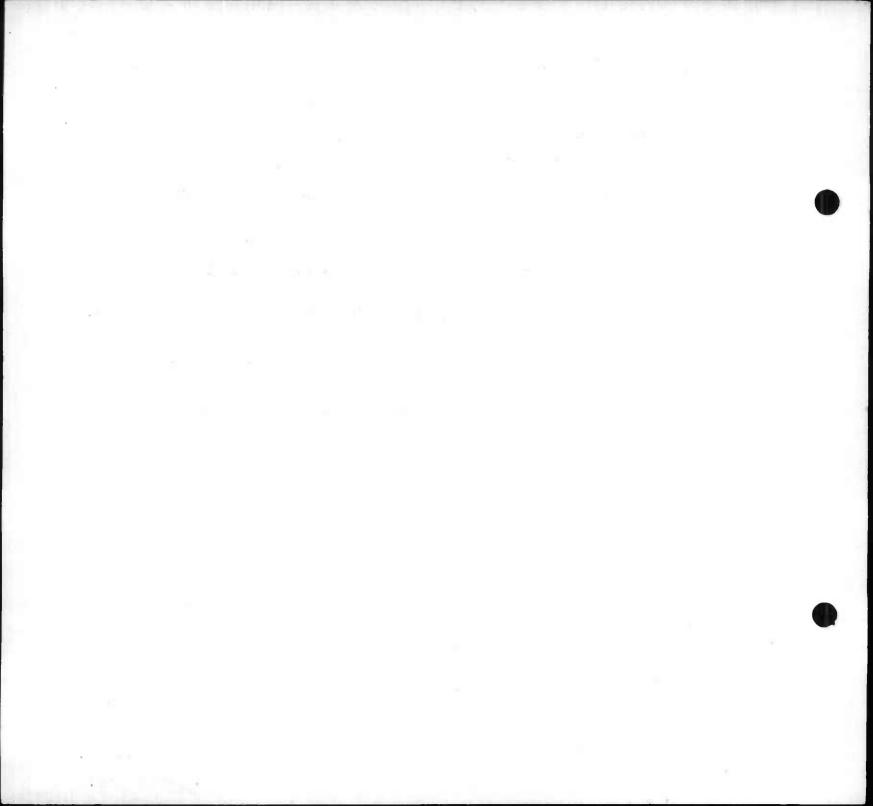


1 11/	HEALTH DEPARTMENT	4 1940 9
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.	11/30
(Type or Print) (JOAN) COPLAND, JOANNE	2. DATE Known Month Doy OF DEATH Estimated	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)		Yeor Hour 2:00 A
OR INSTITUTION MARYLAND GENERAL HOSPITAL	5. USUAL RESIDENCE (Where deceosed lived. # Institution: rest A. STATE Maryland B. COUNTY	idence belore admission
6. SEX 7. RACE 8. MARRIED NEVER MARRIED Female Negro WIDOWED DIVORCED	Baltimore -	
9. DATE OF BIRTH 10.AGE (In years ff Under 1 Yr. If Under 24 H Months; Days Hours Months; Days Hours Months; Days Hours Months; Days Hours Months; Days Hours Hour	rs. E. STREET AND NUMBER	⊿ мо∟
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Maryland 14A-USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUS done during most of working life, even if retired)		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	Queenie Little 18. INFORMANT ADDRE	
19. E 7 / 4 X CAUSE OF D		Normal Av
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION AST	TE CAUSE OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21.	AUTOPSY? (Yes or No
UTING LI CAUSE OF DEATH. 1 AVETTI	g., in or obout 22C. WHERE DID (N in Baltimore City, give exact los filce bldg., etc.) NUTRY OCCUR? 712 Cathedral St	reet // D
(APPROX.) 12-18-71 A.M. M. WHILE AT NATIONAL WHILE AT NATIONAL WHILE AT NATIONAL AT NATION	of WHILE Shot during altercation	
resulted from: Natural causes Accident Suic	Autopsy and that on this basis, death in my opin Cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 12/18/71
24A. BURIAL CREMATION, PARTICIPATE PREMOVAL (Specify) Burial 12-22-71 Balto. Cen	(0.1)	county) (State)
25a. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRE	
VS 151-REV. 1/1/68	O A 2 O O	AR V O •



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	5-530	7	1 11	.794		TY HEALTH DEPART		REG	NO	71 1	1794		
	IRTH NO.				CERTIFIC								
	Type or Print)	5 5	WITT	4			2. DATE AND HOUR OF DEATH 4:50 PM 12/18/71						
	L PLACE IN BALT	IMORE, MAR	YLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDE	4. USUAL RESIDENCE (Where deceased lived If institution; residence before admission)						
	ULL NAME OF	(IF NOT	IN HOSPIT	AL OR INST	TITUTION, GIVE STREET	MARYLA	AND				10	01	
	ROSPITAL OR NICTURION					C. CITY OR TOWN	1		D. INSI	DE CITY LI	MITS?	1000	
П	-2-3	JOHNS H	OPKIN.	S HOSP	ITAL		BALTIMORE YES X NO						
	00	BALTIMO	RE. M	2120	5	E. STREET AND I			-				
5		6. RACE				1116 HA							
	MALE	NEGR	_	WIDOWE		8. DATE OF BIRTH	5	9. AGE (In y lost birthday)	66	If Under Months	1 Yr. II Ur Days Haurs	der 24 Hrs. Min.	
II d	A. USUAL OCCU	PATION (Give	kind of work	108, KIND	OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (S	tate or fore	ign country)		12. CITIZ	EN OF WHAT	COUNTRY?	
	Laborer		, ii tomadi			North (Carol	ina					
1:	FATHER'S NAM					14. MOTHER'S MA				1			
			6	HTIME		JAN	IE W	ASHINGT	ON				
1	. Was Deceased	Ever in U. S.	Armod For	es?	16. SOCIAL	17. INFORMANT			-		ADDRESS		
11"	es, no ar unknown)	ui yes, giva i	wor or goie	s of service		No man Ca	n 1 1-12	1116	Unnf	hand.			
\parallel	18. / / 0				Q 212 16 64	21 Mary Sr	HT CH	1110	narı	ora	AVE .	ANATOMANA	
	DISEASE	OR COND	TION DIE	ECTLY						В	ETWEEN ONSE	AND DEATH	
	L	EADING TO	DEATH		COMMEDIATE C	D170,74	01)14	4 ATO	1074	-5-			
	heori latiure, a	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE YULO WOULD A HIPETONIS DUE TO, OR AS A CONSEQUENCE OF:											
		NTECEDENT			4	00 410 6	2610	· · · ·	4				
	DISEASES OR			nnv. nivin	(B) DUE TO, OR	S A CONSEQUENCE	TH K	OME	<i></i>			************	
	rise to the UNDERLYING	abave ca	use (A)	stating th	0								
	UNDEREIING		1 10\$1,		(C)		************						
ATION	OTHER SIGNIFIC	BUT NOT REL	ATED TO TH	E TERMINAL									
2	19A. DATE OF	NDITION GIV	EN IN PARI	1 (A).	WHICH OPERATION	20A. AUTOPSY?	(Yes at No	1 208 IE Vee	WERE EL	NONCE	CONCIDENCE		
CEPTIEIC	-2_/		WAS PERF	ORMED		ger	2/	IN CERTIFY	NG CAU	SES OF D	EATH?		
14.0	OP CONTRIBUT	ING CAUS	E O F	ho et	B. PLACE OF INJURY (e.g. ome, form, foctory, street, c.)	In or about 21 C. WHE office bldg. INJURY O	RE DID	(II In	Baltimore	City, give	exact location		
E	21D. TIME (Month) (Day	(Year)	(Haur) 21	E INJURY OCCURRED	21F. HOW	ILNI DID	JRY OCCUR?					
2	(APPROX)				Thile At Not Wi					,			
	22. I sertify th	hat (1) (this	haspital'		the deceased fram	7/1	1	9 7 ta	12/1	8/7-			
	that (i) (we) I				12 1	19 2(-			accurred a	9	
	and hour and	from the cou	uses state	ed above	(1) (We) (Hid) (did not)	view the hady afte			,		, accorded a	ii ine data	
and hour and from the couses stated above (i) (We) (file) (did nat) view the bady after death. A. SIGNATURE Attending Med. Phys. Attending Director Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS													
║ .	JUJA	2021)	14	7 020	(1 August (M)	July 1	401	15015	140	5 4	0011	WYD -	
24	A. BURIAL CREM.	ATION, 24B.	DATE	24C. N	AME of CEMETERY OF C		24D. LC	CATION	(City.	town, ar	caunty)	(State)	
I	Burial	12	2-21-	71 M	t Calvary C	emetery	Ann	e Amir	del	C+ 37	Ма		
25	A. DATE REC'D B	Y HEALTH D	O .	25B. NAME	OF REGISTRAR	25C. FUNERAL	DIRECTOR	e Arun	LUO L	O O Y .	ADDRESS		
1	DECST	14/1	Jaka &	E. Val	Ben 280	Wm C Ma	arch	928 E	e No	rth	Ave.		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a haspital and the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased wos D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such certificate must be approved by the chief medical examiner or his assistant if death accurred in written opprovol must be obtained before the remoins are embalmed or final disposition is made.

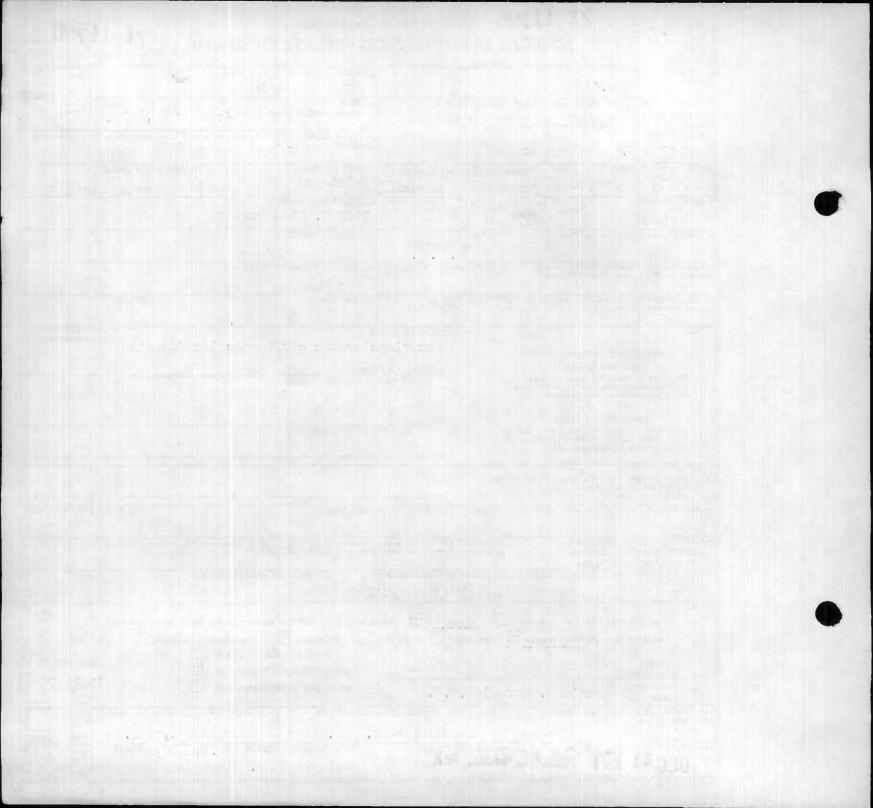
	BALTIMORE CIT	Y HEALTH DEPARTMENT							
В	D-620 71 11795 CERTIFICA	TE OF DEATH REG. NO. 74 11795							
	NAME OF DECEASED YPE OF PRINT DRAKE FRANCIS WILLIAM	2. DATE AND HOUR OF DEATH							
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	12 17 71 5:55 P M. 14. USUAL RESIDENCE (Where deceased fived, If institution; residence before admission)							
"	TEACE IN PALLIMONS MARILAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY							
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 2533							
	NST AGNES HOSPITAL	BALTIMORE D. INSIDE CITY LIMITS? YES XX NO T							
117	WILKENS & CATON AVES.	E. STREET AND NUMBER							
	BALTIMORE MARYLAND	2414 GRINNALDS AVE.							
5,	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Manths! Days Hours: Min.							
	MALE WHITE WIDOWED X DIVORCED	11 1 07 64 YRS.							
de	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?							
	RETIRED Byrner-STEEL	OHIO USA							
11.	L FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	ARTHUR DRAKE	(Dalton)							
(4	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS							
L	NO 302 10 0373								
	18. 44 54 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(° 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
	(A) IMMEDIATE CAI DUE TO, OR AS	A CONSEQUENCE OF:							
	injury or complication which caused death.)								
	ANTECEDENT CAUSES (B) Artorio	selevatic crelinovasandor chisere							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS nise to the above cause (A) stating the	A CONSEQUENCE OF:							
	UNDERLYING CONDITION lost. (C)								
1 2									
OF.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
ERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
FPTI	WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?							
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n ar about 21C. WHERE DID (If In Baltimore City, give exact lacation)							
ICAL									
MEDI	MIT. A N. MIT	21F. HOW DID INJURY OCCUR?							
`	(APPROX.) Work At Wark								
	22. I certify that ()(this hospital) attended the deceased from	12 10 19 71 10 12 17 19 71							
	that ()((we) last saw the deceased alive an 12 17	1971 and that in(n\(\forall \) \(\text{(our) opinion death accurred an the date} \)							
	and hour and fram the causes stated above. (IX(We) (did) (did) XXXX								
		nding Med. Stoff A							
23C. PHYSICIAN'S Director Phys. Dire									
	DR KIM LEE M.D.								
24	A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CR	ST AGNES HOSPITAL, BALTO., MD. MATORY 24D. LOCATION (City, fown, or county) (State)							
1	REMOVAL (Specify)								
25	A. DATE REC'D BY HEALTH DATE. 258. MAMAGOF REGISTRAR	1LL GLENBURNE A. A.CO MD. 125G. FUNERAL DIRECTOR ADDRESS							
	DEC 21 1971 Osbus C. Janking # 4.	GEO.L. SCHWAB ZIOI FOFD'K AVE.							
VS	150-REV. 1/1/68	100-10 Jan 10 Jan 20 3							

coded to 2014 Grinnalds Avei unable to obtain correct Address

	W-2.	30	71 1:			NORE CITY HE			OF	DFAI	гн		11	796
-	RTH NO.	CEASED				11 1210	II2. DATE	Known		Month	REG. N	O	ar.	Hour
(1)	pe or Print)	BLANC	CHE WE	ST			OF DEATH	Estimate		Monni	Doy		01	1
FL	PLACE IN BAI		ARYLAND, Y				3. DATE	INCED DE	AD	Month Decei	mber 18	, 1971		12:55 P
OI	2153	W. Vir	ne Stre	et			5. USUAL RE A. STATE	Mary:			B. COUNT		nce be	siore odmission)
6.	SEX	7. RACE		8. MARRIE	DINEVE	R MARRIED	C. CITY OR				D. INSIDE	CITY LIMI	TS?	
L	Fema le	Neg		WIDOWI	TD []	DIVORCED [Baltim	ore				YES X	N	10 🗆
9.	4-1-0		IO.AGE (in	67	Months Days	Hours Min.	E. STREET A			reet				
11.	BIRTHPLACE (State or fore	ign country)	1	2. CITIZEN		13. FATHER	SNAME						
	Va					JeHe		1 Gol						
14	LUSUAL OCCU to during most of v	IPATION (Gi working life, e	ve kind of work ven if retired)	148. KIND	OF BUSINES	S OR INDUSTR	Y 15. MOTHER	'S MAIDE	N NAM	AE .				
								umbus	3					
	WAS DECEAS				SEC	URITY NO.	18. INFORM	IANT				ADDRESS	5	
_	no					300776	Alfre	d Wes	st S	Sr.	S	ame		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart ioliure, osthenia, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH Arterioscleratic cardiovascular (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF:									ar dise	ease		ioximate interval en onset and deat		
CERTIFICATION	(C)										•			
F	DISEASE OR	CONDITION	T RELATED TO I GIVEN IN PA	ART 1 (A)-										
	20A. DATE OF	F OPERATIO	N 20B. COI	NDMON F	OR WHICH O	OPERATION W	AS PERFORMED 21.					21. Al	UTOP:	SY? (Yes or No)
MEDICAL	UNDERLYING UTING CA	USE OF DE	ITRIB-			F INJURY (e.g., story, street, officery OCCURRED		UURY OCC				exact location	on)	
	(APPROX.)	ify that I h	seld on 1	ngulry 🔲	. WORK	AT W	topsy	and that	e on ele	le boole	double to m			
		URE R'S ROI	nald N.	P W	de Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 12/19/71									
24 RE	A. BURIAL CREAMOVAL (Special Burial	MATION.	12-2	22-71		of CEMETERY		RY		ocation Baltin	(City, to	wn, or cou	nty)	(Stale)
25	DEC 2				ME OF REGI		25C. F	uneral d	RECTO	R V.	Bailey 8 Call	ADDRESS		reet

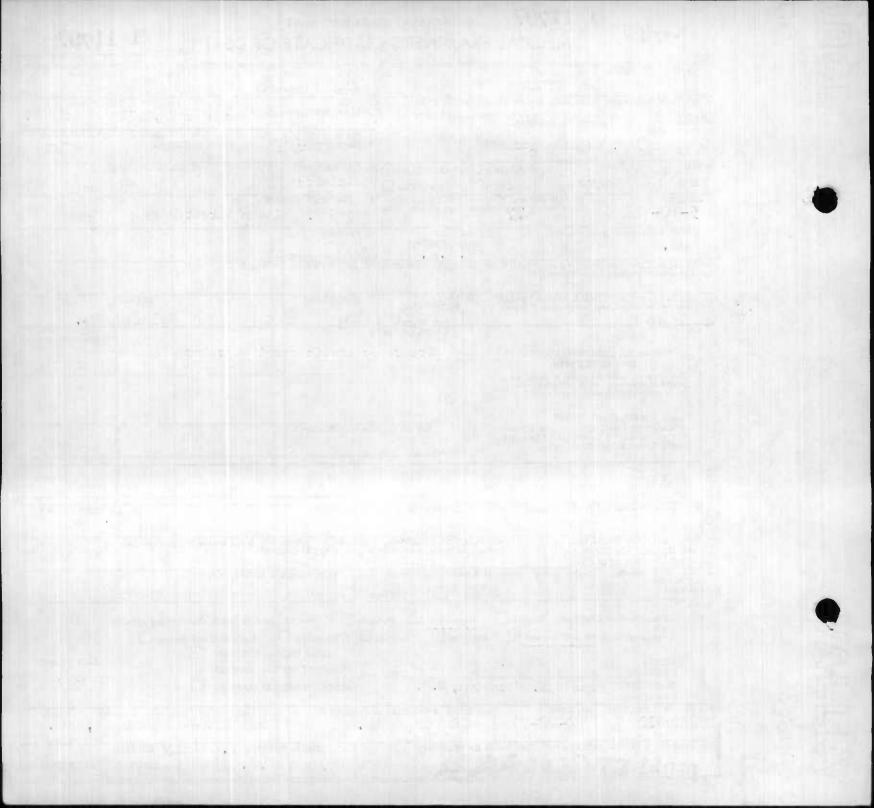
VS 151-REV. 7/1/68

Kelson F.H. 1348 Calhoun Street

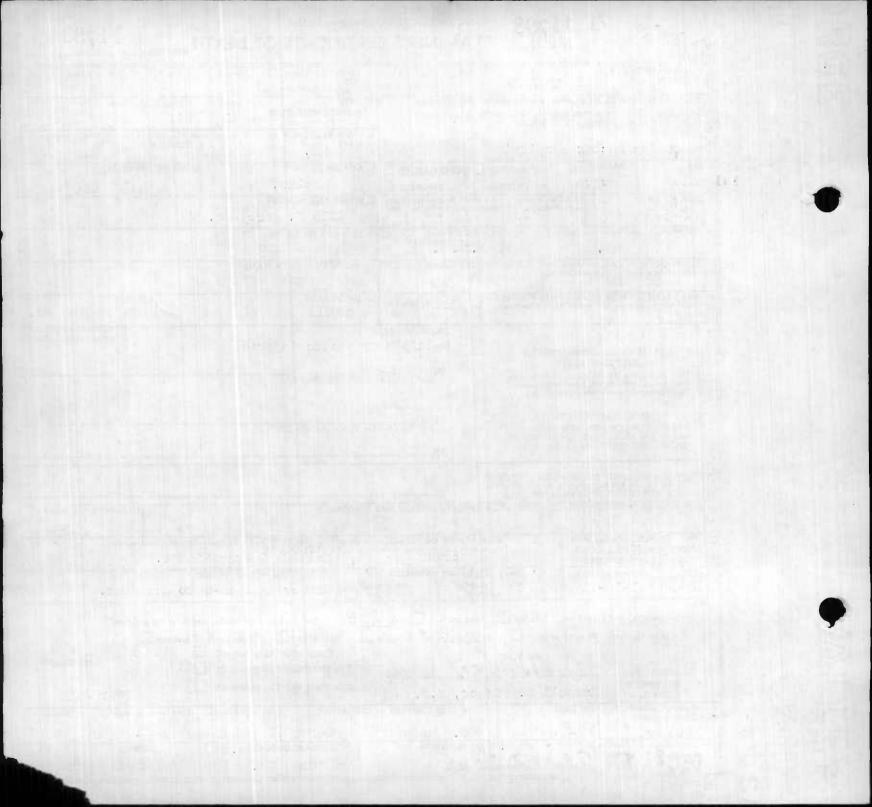


MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 11797.
I. NAME OF DECEASED (Type or Print) ISABEL TYLER	2. DATE Known Month Doy Year Hnur OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy Year Hour PRONOUNCED DEAD December 19,1971 8:20 A.
2 0 1365 N. Calhoun Street	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED 1 NEVER MARRIED 1 DIVORCED 1	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES YES NO
9. DATE OF BIRTH 10. AGE (In years 16 Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	James Scott
4A.USUAL OCCUPATION (GIve kind al work) 14B. KIND OF BUSINESS OR INDUSTRY fone during most of working life, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no of unknown) (II yes, give wor or dotes of service) NO 18244840	Mary Scott 1365 Calhoun St.
LEADING TO DEATH (This does not meen the mode of dying, e.g., heart follure, esthenia, etc., it meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	osclerotic cardiovascular disease
	AS PERFORMED 21. AUTOPSY? (Yes or No) 100
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. WHILE AT WORK AT WORK 1 certify that i held on inquiry Inspection X Aut resulted from: Notural causes X Accident Suicid ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	WHILE 22F. HOW DID INJURY OCCUR? topsy and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
24A. BURIAL CREMATION. 24B. DATE 12-20-71 CHurch Co	or CREMATORY 24D. LOCATION (City, town, or county) (Stole) em. Dunkirk-Calvert Co, Md.
DEC 21 1971 Page 1 258, NAME OF REGISTRAR	Kelson F.H. 1348 Calhoun Street

VS 151-REV. 1/1/68



VS 151-REV. 1/1/68



25C. FUNERAL DIRECTOR V. Balley ADDRESS

1348 Calhoun Street

Kelson F.H.

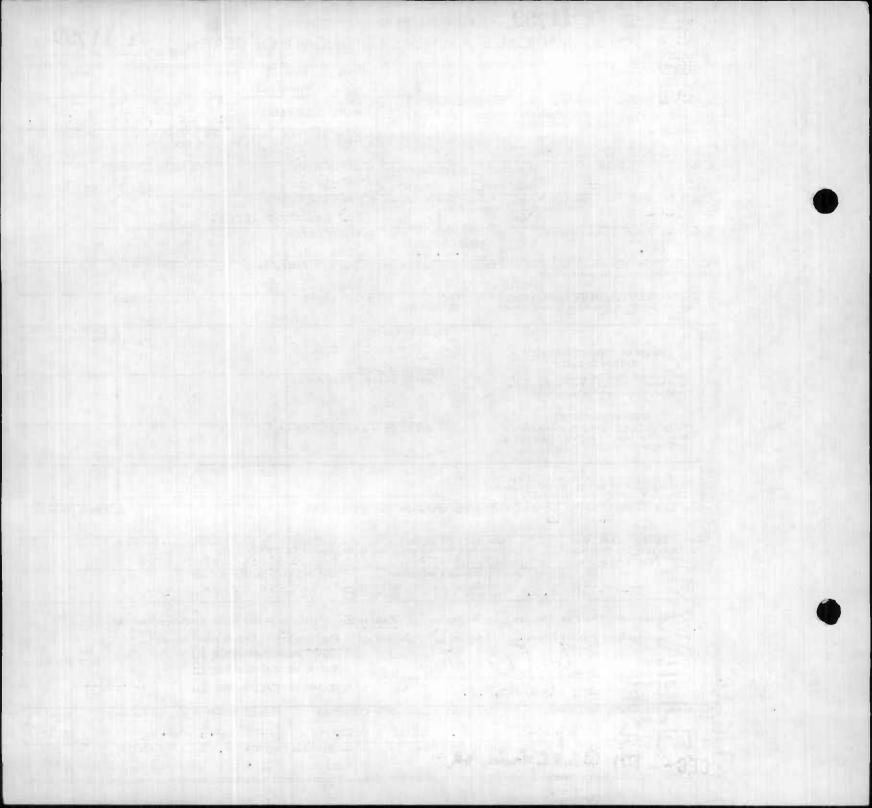
VS 151-REV. 1/1/68

Burial

25A. DATE REC'D BY HEALTH DEPT.

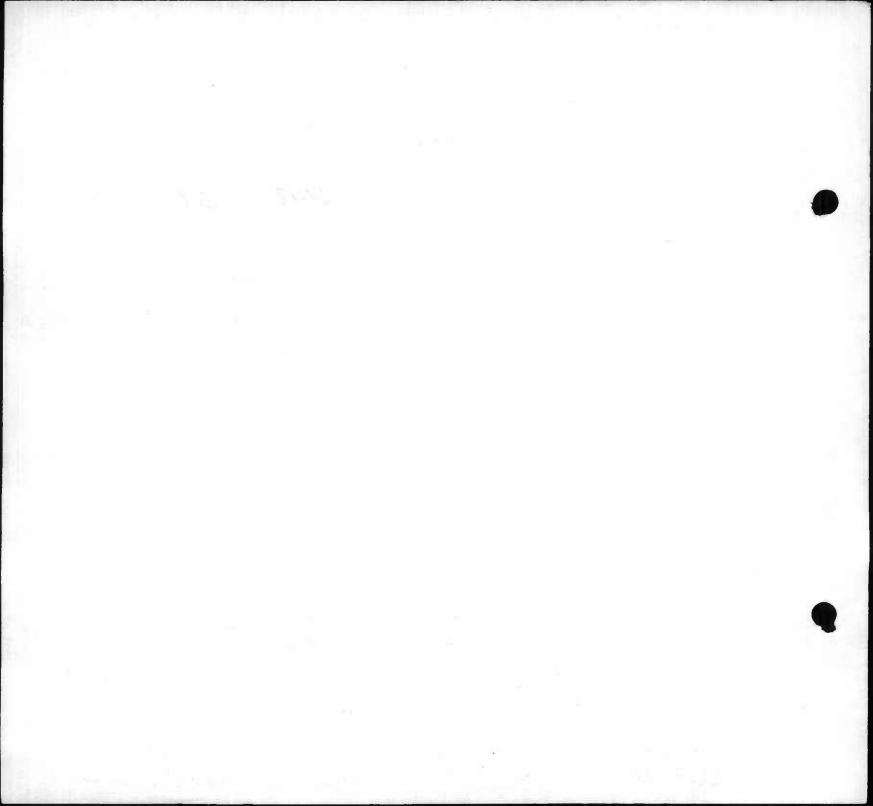
Robert

258. NAME OF REGISTRAR



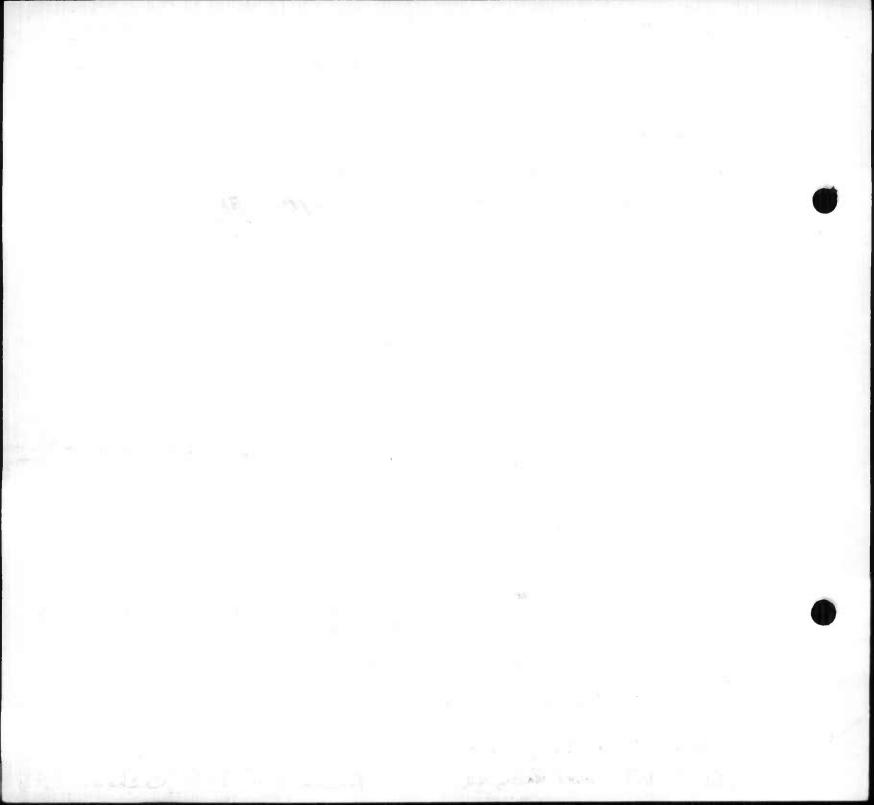
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M-624 71 11800 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 11800
	NAME OF DECEASED Mary E. Marshall 2. DATE AND HOUR OF DEATH 10 - 19 - 7/ 1 1/6/5 A
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY JULI NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET)
H	OSPITAL OR ADDRESS OR LOCATION) O. C. CITY OR JOWN D. INSIDE CITY LIMITS?
	The Provident Gog She Balt YES NO
	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost bishdoy) 10 Under 1 Yr. If Under 24 His. Min. Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? South Carelona USA
13	FATHER'S NAME
15. (Ye	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS
	NO 220-30-0006 Brenda Davenport - NIECE 5308 Haddon Ave
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart loiture, asthenia, etc. It means the disease, injury ar camplication which caused death.)
	ANTECEDENT CAUSES (B) HCVD
	DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
CERTIFICATION	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Boltimore City, give exact location) INJURY OCCUR?
MEDI	21D. TIME (Month) (Doy) (Yeos) (Hous) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work
	22. I certify that (1) (this hospital) attended the deceased from 12 - 17 19 7/ ta 19 7/ that (1) (we) last saw the deceased alive an 12 - 16 19 7/ and that in (my) (aur) apinion death accurred an the date
	and have and from the causes stated abave. (1) (We) (did) (dld nat) view the bady after death.
	W) Melcolor Phys. Attending Med. Shaff Director Phys.
	23C. PHYSICIAN'S NAME (Type) M. G. MERUADO 23D. ADDRESS
24/	REMOVAL (Specify) 12-23-71 Report A Burial Cremation, 24B. Date 24C. Name of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 12-23-71 12-23-71 12-23-71 13-23-71 13-23-71 13-23-71 13-23-71 13-23-71 13-23-71 13-23-71 13-23-71 13-24C. Name of CEMETERY of CREMATORY 14-24D. LOCATION 15-24D. LOCATION 15-24D. LOCATION 15-25-71 15-
25	Buria 12-23-71 Architus Mem. PR. BALTO, Mo. A. DATE SECID BY HEALTH DEPT. 25E NAME OF REGISTRAR 25C. FUNERAL DIRECTOR U. BAILEY ADDRESS KELSEN FOR 1348 CALHOUN ST.
VS	150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BI	7-4/6 RTH NO.		71 1	180		BALTIMORE CITY CERTIFICA				REG. NO.	71	1180i
(1)	NAME OF DECI	1	ALI	A F	ERH	20, SAR	AH	J. 121		HOUR OF DEA		יין די
FL	PLACE IN BALT	IMORE MAR	rland, w	HERE PRO	ONOUNC	ED DEAD N. GIVE STREET	4. USU A. STA	AL RESIDENCE (W	here de			residence belore odmission)
Z	STITUTION	ADDRESS	OR LOCA	MONI			BI	ORTOWN 7 LTO.		D. 1	NSIDE CITY	
4	UTHE	RAN 6. RACE	Hos	-			27	ET AND NUMBER	HE	STER S	7.	
	F	N.		WIDOW	VED V	DIVORCED TINESS OR INDUSTRY	2-	0	iost	GE (In years birthdoy)	Month	der 1 Yr. 11 Under 24 Hrs. s Days Hours Min.
do	ne during most of w	orking lile, even	if retired)	IOB, KINL	01 802	INESS OR INDUSTRY	5	HPLACE (Stote or lo		countryl	12. CI	TIZEN OF WHAT COUNTRY?
	FATHER'S NAM						14. MO	THER'S MAIDEN N	AME			
15. (Ye	Was Deceased s, no or unknown!	Ever in U.S. / (If yes, give w	Armed Force for or dates	es? of service		SOCIAL SECURITY NO.	17. INFO	RMANT				ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the mode of dying, e.g., heart failure, asthenio, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES									APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH			
	DISEASES OF rise to the UNDERLYING	CONDITION	se fAi	ny, grv slaling	ing The	(B) DUE TO, OR AS	A CONS	EQUENCE OF:		****************		***************************************
ATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	BUT NOT RELA	TED TO THE	E TERMIN	AL	***************	******				************	
CERTIFICATION	19A. DATE OF C		WAS PERFO	DRMED				AUTOPSY? (Yes of N		CERTIFYING (CAUSES OF	
MEDICAL	21 A. ACCIDENT OR CONTRIBUT DEATH (notify in 21 D. TIME	redicol examin	er)		home, for	CE OF INJURY (e.g., in m, factory, street, off	ice bldg.,	INJURY OCCUR?			nore City, gl	ve exoct location)
ME	OF INJURY (APPROX)	Monthl (Day	(Tearl		While At Work	IRY OCCURRED Not While At Work		21F. HOW DID IN	YAULI	OCCUR?		
	22. I certify that (I) (we) I					ceosed from 12 - 18	2 -	10 7/ ond t	_19 <u>Z</u> hat in	ta (my) (our) o	12 -	18 19 T/
	and haur ond 23A. SIGNATURE	Λ) (did) (did nat) vi	ew the	bady after death.	•		23 B, DA	TE SIGNED
	23 C. PHYSICIAN NAME (Typ	i An	JAN	I A	Dos	DEGREE Phys.	3D. ADD	Med, Director	Staff Phys.	. 🗆	12	2/18/71
24A	BURIAL CREM	ATION, 24B.	DATE	24C.	NAME o	DEGREE OF CEMETERY OF CREA	MATORY	24D. I	LOCAT	ION (City, town,	or countyl (Stotel
25A	Duria	L 12 Y HEALTH DE			E OF REC	DISTRAR	25C.	FUNERAL DIRECTO	R 1).	Balle	Co	ADDRESS
D Vs	FC &1 13	71 048	32	Colle	KA	000	Ke	Goon F.	H.	1348	1 Cac	hour St.

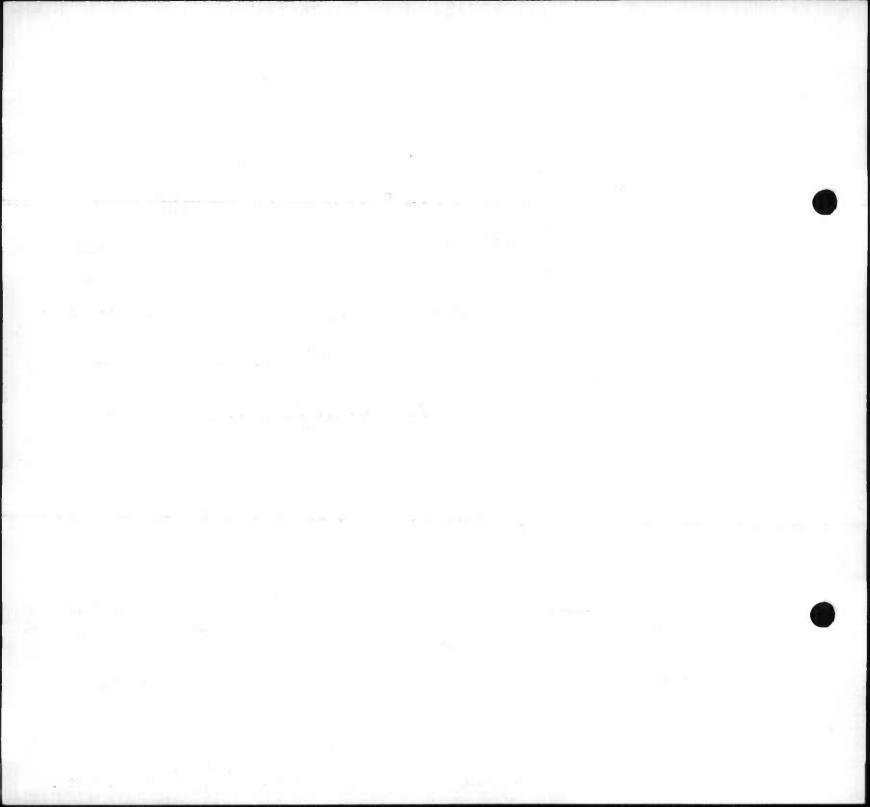


VS 151-REV. 1/1/68

CONTRACTOR CONTRACTOR THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. - 441555 Mark Commencer of the C CHILD . NO. 1 THE AVEN

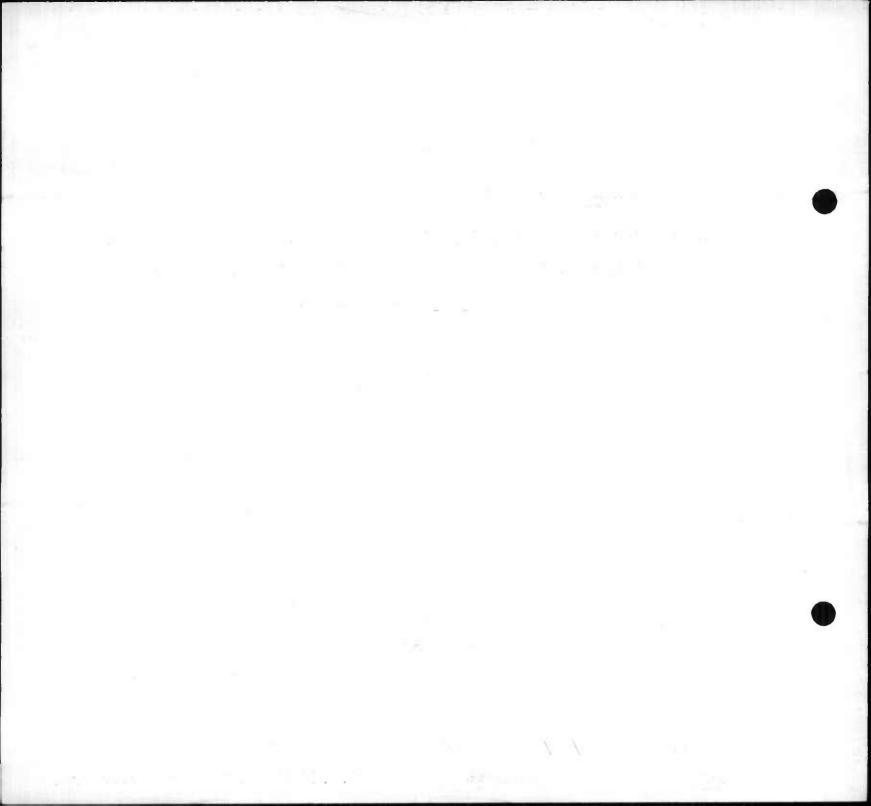
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	4-510	74 44		BALTIMORE CITY	HEALTH DEPARTMENT		
BI	7 590 RTH NO.	71 11	-803	CERTIFICA	TE OF DEATH	REG. NO.	4 11203
1.	NAME OF DECEASED					AND HOUR OF DEATH	7 11000
	1-22		Hennelly				9:50 A
3.	PLACE IN BALTIMORE,	MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If it	9:50 A M. Institution: residence before admission)
FI	JLL NAME OF (IF NO SPITAL OR ADI	OT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	Maryland		1202
İİN	STITLITICINI	Convale			C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
1	6116	Belair F	Soad Tom		Baltimore		YES X NO
		nore, Md				rsity Parkwa	
5.	SEX 6. RACE			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	1 1/ 11 1 1 1 1 1 1 1 1 1
	Female Cauca		WIDOWED	DIVORCED 3	July 17, 1891	lost birthdoyi 80	Months Doys Hours Min.
do	L. USUAL OCCUPATION (ne during most of working life	Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country!	12. CITIZEN OF WHAT COUNTRY?
	Seastress		Self-Emp	loyed	Maryland		USA
13.	FATHER'S NAME		*		14. MOTHER'S MAIDEN N.	AME	
	Jame	s Brisc	oe Adams		Agnes Ellis		
15. (Ye	Was Deceased Ever in Us, no or unknown! (If yes, g	. S. Armed Fo	rces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No				A.Elizabeth Hu	nter 9 York	Rd. Towson 21204
	18. 4/1.3	1		CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CO	NDITION DI	RECTLY		A	2/ . 2	BETWEEN ONSET AND DEATH
	1This does not mean	the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE Munoschut CONSEQUENCE OF:	I Hear On	2000
	heart failure, osthenia,	elc. Il means	the disease.	DUE TO, OR AS A	CONSEQUENCE OF:		
	ANTECED	ENT CAUSES		6	1. P.T.		
	DISEASES OR CONE	DITIONS, II	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	ar-a-	yeon
	rise to the above UNDERLYING CONDI	cause (A)	stating the	(c)			
		11		(C/************************************	***************************************		
NO.	OTHER SIGNIFICANT CO.	NDITIONS CO	NTRIBUTING	Chan	R 8		
CAT	DISEASE OR CONDITION	GIVEN IN PAR	T 1 (A).	Corre	System		
CERTIFICATION	O OPERATIO	WAS PER	FORMED	HICH OPERATION	20 A. AUTOPSY? (Yos or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
11	21A. ACCIDENT WAS U	NDERLYING	21B, P	LACE OF INJURY (e.g., in	or about 21 C. WHERE DID	Of In Boltimore	City, give exect location)
CAL	DEATH (notify modical o	xominer)	homo,	form, foctory, stroot, offi	ce bldg., INJURY OCCUR?	<i>p.</i> 2 ·	only give wast recollent
MEDI	21D. TIME (Month) OF INJURY	(Dayl (Year)	(Hour 21 E. I	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX.)		While	At Work			
	22. 1 certify that (1) (this bearing			8/13/	19 77_to	12/17/192/
	that (1) (we) lost sow			121	12/2		nion death occurred on the date
	and hour and from the	couses stot	ed obove. (1)	(We) (did not) vi	ew the body ofter deoth.	in (m) / (man) opin	non death occorted on the date
	23A. SIGNATURE	n :a					23B. DATE SIGNED
	alles 1	1 Bruke	2	DEGREE Phys.	ding Med.	Staff Phys.	12/20/21
	23C. PHYSICIAN'S NAME (Type)	471	D. Dung!	2:	D. ADDRESS		1 1 1 1
			B. Brad.	Ley	4900 Belair B	Road	
244	REMOVAL (Specify)	248. DATE		ME of CEMETERY OF CREA	AATORY 24D. I	LOCATION (Cit	y, town, or county! (State)
25.4		12/22/7		Haven Memoria		en Burnie, Ma	ryland
23A	DATE REC'D BY HEALT	O -	35B. NAME OF		25C. FUNERAL DIRECTO	R Eugenia K.	Seitz ADDRESS
件	150-REV. 1/1/6B	THE CLASSIC	The state of the s	Se vi i	Beitz Funera	Home 5209	Mork Rd. Balto.



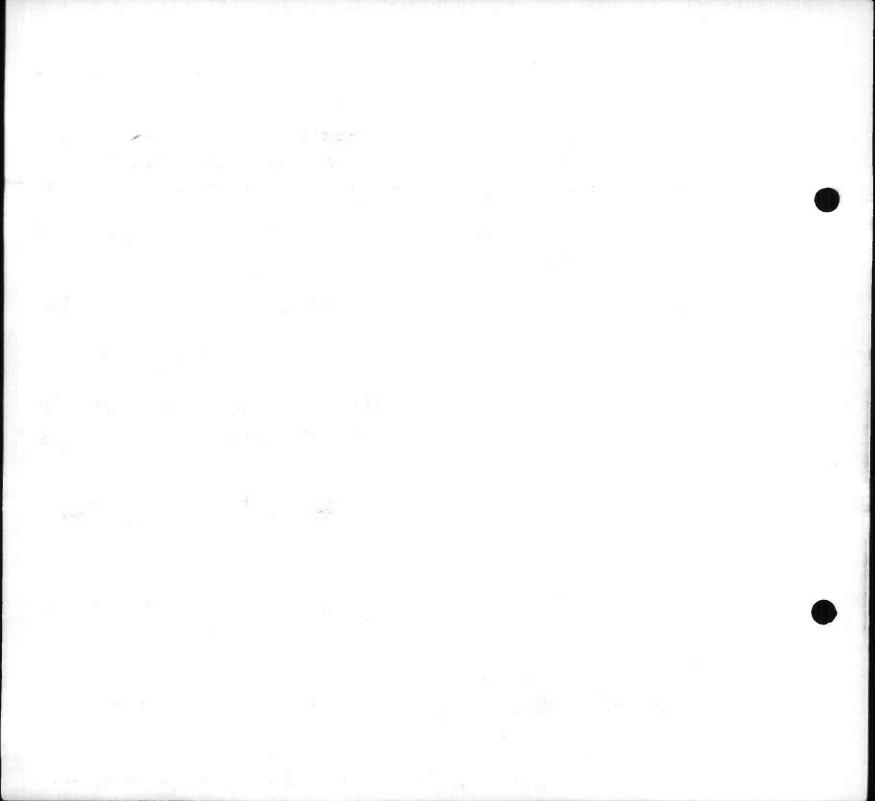
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f	P-200 71 11804 CERTIFICATE OF DEATH REG. NO. 71 11804								
	TH NO.	7 110	UX	CERTIFICA					
(Ту	pe er Print)			alter		12-19-19	71	5.0	A.M.
3.	PLACE IN BALTIMORE	MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived COUNTY	L. If institution;	residence before e	dmission)
FU H (OSPITAL OR AL	DRESS OR LOC	ATION)	TION, GIVE STREET	C. CITY OR TOWN	ND, 21234	, INSIDE CITY L	IMITS?	50
	Sinai H	ospital	06 13 al	timore, Inc.	BALTI	MORE	YES 🗍	k NO	
	(Befrede	re Ave	. at G	reen spring	E. STREET AND NU		4 -		
	Baltin					WILKER	AVEN	1016	
5.	MALE 6. RACI	ITE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday) 6	8 If Under	Doys Hours	1 24 Hrs. Min.
104	USUAL OCCUPATION	(Give kind of wer	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stete	e er foreign country)	12. CIT	ZEN OF WHAT C	OUNTRY?
	Truck Driv		Render	ing Plant	Md.			USA	
13.	FATHER'S NAME	iam A.	D = = = =		14. MOTHER'S MAID		1 5		
					Kather	ine S. Buc	kler		
15. (Ye:	Wes Deceased Ever in s, no er unknown) (If yes, No	U. S. Armed For give wor or dot	rces? es of service) 2	6. SOCIAL SECURITY NO. 7-05-5076	Hospit	tal records		ADDRESS	
	18. 5 3 / 0	1		CAUSE OF DEATH	1		1	APPROXIMATE IN	
	DISEASE OR C	ONDITION DI	RECTLY		1. t.	Round E	. M	BETWEEN ONSET A	ND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 1This does not mean the mode of dying, e.g., ONLY TO OR AS A CONSEQUENCE OF:								
	heart failure, asthenia	, elc. Il means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		****************		
	injury or complication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES								
				(B)	- (/1			
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) staling the UNDERLYING CONDITION (ast.								
	UNDERLYING CON	OITION last.	araning ma	(c)	Gasith C	uller			
_		11			.0	^ · · · · · · · · ·			
CERTIFICATION	OTHER SIGNIFICANT C TO THE DEATH BUT N DISEASE OR CONDITIO	OT RELATED TO T	HE TERMINAL	Chroni	c Kena	l Failur	€.	******************************	
IFIC	19A-DATE OF OPERAT		DITION FOR W		20A. AUTOPSY? (Ye	IN CERTIFYING	VERE FINDINGS	CONSIDERED	
ERT	12-16-19	/	Gar	thic whice	140				
CALC	21A ACCIDENT WAS OR CONTRIBUTING DEAYH Inosify medical	CAUSE OF	21 B. P home, etc.)	LACE OF INJURY (e.g., ir farm, factory, street, all	or about 21 C. WHERE	CU R?	Itimore City, giv	e exoci locetien)	
	21 D. TIME (Month)	(Doy) (Yeer)	(Haun 21 E, 1	NJURY OCCURRED	RIF. HOW E	HO INJURY OCCUR!			
W	IAPPROX.)		While	At Not While					
	22. I certify that 🕼	(this hospital			12 - 15	19 <u></u> ta	12-	101 - 10	71
	that (i) (we) last sa			12-19-	The same of	and that In(my)			
	and have and from the causes stated abave. (1) (We) (did) (did) view the bady after death.								
	23A. SIGNATURE	10 t	A				238. DA1	E SIGNED	
	C	1 Vari		Affer Phys	nding Med.	Staff Phys.	12	-19-71	
	23C. PHYSICIAN'S NAME (Type)			DEGREE, 2	3D. ADDRESS		Λ Ω . /	1:	
	KHUSHAL	DEVAR	AM PI	ATIL , MD DEGREE	Sinai H	tospital o	& Bal	MUOVE	
24A	REMOVAL (Specify)	248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY	24D. LO CATION	(City, lown, c	or county)	(Siele)
	Burial	12/21	/71 Mea	dowridge Me	emoria1	Howard Co	. Md.		
25A	FC 21 1971	THE DEPT.	258, NAME OF	REGISTRAR	2SC. FUNERAL DI			ADDRESS ford rd	
22	150-REV. 1/1/68								



pup	death	eased	n the	Such		
ospita	e of	5) Dec	nce o	leath.		
n a h	COUS	use; (renda	to d	1	
rredi	outing	ed ca	ar at	prio	de.	
DOCCO	ontri	ermir	regu	eased	is ma	
death	t or c	Undel	ni sp	e dec	osition	
ant if	direc	d; (4)	ath w	on th	I disp	
dssist	if the	ny kin	ep pe	dance	or fina	
or his	Also,	e of a	JOUNG	atten	pem	
niner	iner.	ractur	proi	Jular	mbal	
exar	exam	(3) A f	n who	in reg	s are	
nedica	I to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ourns;	tal (except where the physician who pronounced death was in regular attendance on the	SDW L	be obtained before the remains are embalmed or final disposition is made.	
chief n	E .	Body k	the pl	ysiciar	the r	
y the	tal by	e; (2)	here	No ph	before	
yed b	hosp	natur	sept w	(9) P	ained	
appro	to the	of any	al (exc	h); an	be obt	
ust be	pespe	dent	nospite	deat	must	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospite	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must	
ertific	ody w	s: (1) A	D.O.A.	d pest	ado ue	
This c	the b	show	Mas	decec	writt	

F - 306/ MIL 1100F	TE OF DEATH X REG. NO. 71 11805						
1. NAME OF DECEASED Type of Print Maraurita Englere.	2. DATE AND HOUR OF DEATH						
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, 11 institution: residence before admission) A. STATE B. COUNTY TB A TIMORE						
HOSPITAL OR ADDRESS OR LOCATION) Md. Gen. Hosp.	C. CITY OR TOWN D. INSIDE CITY LIMITS? NO 2						
	Restreet and Number Nowth Cove Rd. 7730						
WIDOWED DIVORCED	8. DATE OF BIRTH 12-17-09 9. AGE (In years lift Under 1 Yr. 11 Under 24 Hrs. Months Doys Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) TTEL TEL	Md > usA						
CARSON Songel Ken	14. MOTHER'S MAIDEN NAME INA KELLEN						
SECURITY NO.	Mother White Marsh, Mo						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
(This does not meen the mode of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury or camplication which coused death.) (A) IMMEDIATE CAUSE Cardio - Pulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF:							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF:							
rise to the abave cause (A) stoling the UNDERLYING CONDITION last. (c) and COPD >/5/rs							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),	***************************************						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	20A. AUTOPSY7 IVes of No.						
OR CONTRIBUTING CAUSE OF home, form, foctory, street, affi							
21D.TIME OF INJURY (APPROX.) (Mouth (Houth 21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?						
22. I certify that (b) (this hospital) attended the deceased from 11-21 19 71 ta 12-18 19 71 that (1) (we) last saw the deceased alive an 12-18 19 71 and that in (my) (bur) epinian death accurred on the date							
and haur and from the causes stated abave. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)							
23C. PHYSICIAN'S Aften Phys. NAME (Type)	Director Phys. P. 12-18-11						
Arnold G. Mexander MD DEGREE	827 Linkey Are Bolf. Md. MATORY 24D. LOCATION (City, town, or county) (Stote)						
25A. DATE SECTO BY HEALTH-DEPT. 25B. NAME OF REGISTRAR	18 TERY BALTO. G., US. ADDRESS,						
NEC 21 19/1 Value & Jacobs, 20,	OGLABOR FUNDERAL HOUR, DONDALK, MD.						



prior

in regular

Was

death

FUNERAL DIRECTOR: IMPORTANT

written approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to death); and (6) No physician was in regular attendance on the

was D.O.A. at a hospital (except where the physician who pronounced

W-160 71 11806

BALTIMORE CITY HEA	ALTH D	EPARTMENT	1		71
CERTIFICATE	OF	DEATH	1	REG. NO	

REG. NO	71	11806	-

BIKIH NO. 0 / - 20 / 4 /								
1. NAME OF DECEASEDA		2. DATE AND HOUR OF DEAT	H 5 .					
LISA WEBER		12-19-71 9	AM					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	JNOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II A. STATE B. COUNTY	institution residence before admission)					
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION	ISTITUTION, GIVE STREET	C. CITY OPTOWN D. INSIDE CITY LIMITS?						
BALTIMORE CITY	HOSPITALS	ALEN BUDNIE	YES NOF					
4940 EASTERN A	1UE	E. STREET AND NUMBER						
BALTIMORE MC	>	424 STIEMIEN A	VE - 003					
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., II Under 24 His.					
Gemale Caucasian WIDO		12-21-67 lost birthday	Months Doys Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
done during most of working life, even if retired)	•							
13. FATHER'S NAME	None	MARYLAND 14. MOTHER'S MAIDEN NAME	U.S.A.					
T NAME			n in the second					
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Lois Bathgate						
(Yes, no or unknown) (II yes, give wor or dotes of serv	SECURITY NO.	17. INFORMANT 4940 Easte:	rn Ave.					
No	None	BCH Records: Baltimore	. Md. 21224					
18. 2 0 2 0 1	CAUSE OF DEATH		APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH					
	LEADING TO DEATH (A) IMMEDIATE CAUSE ACUTE STETT CELL LEUKEMIA 2							
heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	heart failure, asthenia, etc. It means the disease,							
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, il any, ai	DISEASES OR CONDITIONS, II any, giving DUE TO, OR AS A CONSEQUENCE OF:							
rise to the above cause (A) stating	I was to the apole cops (M) Stating life							
UNDERLYING CONDITION last.	UNDERLYING CONDITION last. (C)							
z II								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************	120 8						
WAS PERFORMED	JR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in home, larm, laclory, street, aff	or about 21 C. WHERE DID (If In Ballimine bldg. INJURY OCCUR?	ore City, give exact location)					
S DEATH (notily medical examined)	etc.)	110 510 gg 1110 GR. 0 GC 0 K.						
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
OF INJURY (APPROX.)	While At Not While							
	Work LJ At Work							
	22. I certify that (1) (this hospital) ottended the deceased from APRIL 1970 to DEC. 1971							
that (1) (we) last saw the deceased alive an 12. 19 71 and that in (my) (aur) opinion death occurred on the date								
and have and from the causes stated abave. (1) (We) (dld) (dld not) view the body after deoth.								
23A. SIGNATURE 23B. DATE SIGNED								
(05~	12.10.71							
23C. PHYSICIAN'S	DEGREE Phys.	oding Med. Staff Director Phys. 3D. ADDR ESS						
NAME (Type) STEEN	K M.D	BALT. CITY HO	the state of the s					
	DEGREE - DEGREE	4940 Eastern Ave. Balt	imore. Md. 21224					
REMOVAL (Specify)	NAME OF CEMETERY OF CREA	MATORY 24D. LOCATION (C	City, town, or county) (Stotel					
	71 Holy Cros	s Cem Ritchie Hwy.	A.A. Co. Md.					
25A. DATE REC'D BY HEALTH DEPT. 25B. MAN	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS					
DEC OT MI AGREE F 400	DES TER	George J. Gonce 4001	Ritcshie Hwv.					

VS 150-REV. 1/1/68

George J. Gonce 4001 Ritcshie Hwy.

- PAR Laguards Len 13-21-67 3 4 1 1 x 22 11

AND LEADING A DIRECTOR OF THE PARTY OF THE P

IMPORTANT FUNERAL DIRECTOR:

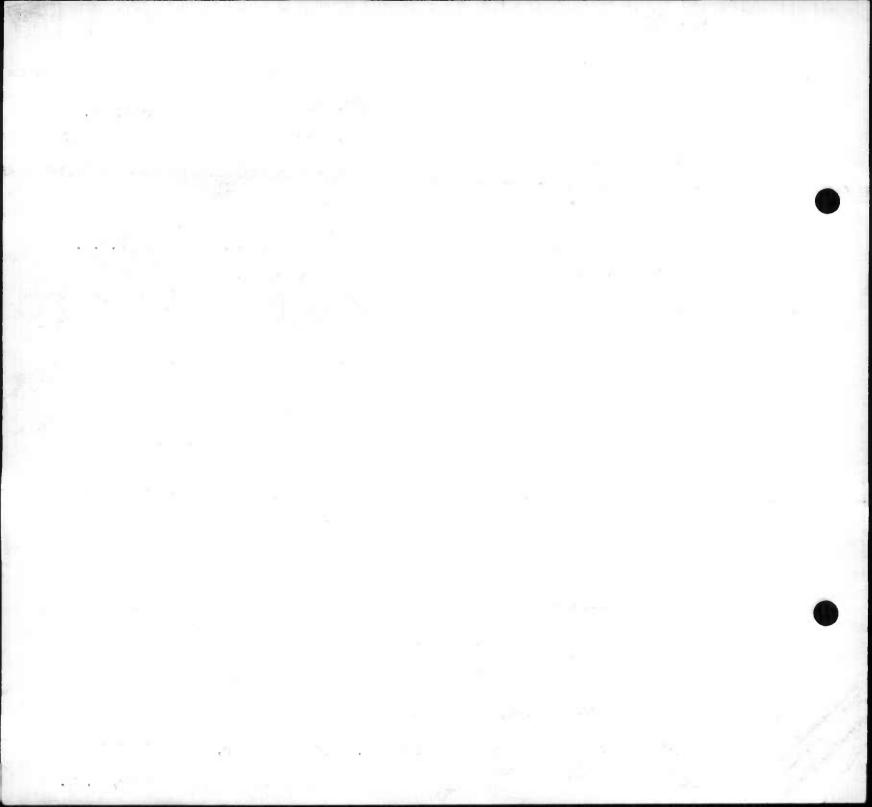
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Such was in regular attendance on the was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	Y HEALTH DEPARTMENT
RIGHT NO CERTIFICA	ATE OF DEATH REG. NO. 71. 11807.
I. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Pant) MUNDY, Amanda Carol	12/17/71 Xk 7:15 am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	W. Virginia Grant Co. V 45
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
22	Keyser YES NO 7
The Johns Hopkins Hospital	P.O. Box #206 26726
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. Il Under 24 Hrs. Months; Doys Hours Min.
Female Cauc. WIDOWED DIVORCED	1 12/13//1
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR' done during most ol working life, even il retired)	11. BIRTHPLACE (State or loreign country) Sacred Heart Hospital
13. FATHER'S NAME	Cumberland Md. U.S.A.
Charles Mundy	Linda Parrish
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT REYSEL ADDRESS W. Va.
(Yes, no or unknown) (II yes, give wor or doles of service) NO SECURITY NO.	Land Varida in Naureldale
18. 4 CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	A CONSEQUENCE OF:
AMPLOTOTALY OFFICE	ear pulmarese 39 lies
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	SA CONSEQUENCE OF:
inise to the above couse (A) staling the UNDERLYING CONDITION lost.	ENST SUSCENSUS SUSCESSIONS 48 613
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	[20A. AUTOPÉY? (Yes or No.)] 20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	20 A- AUTOPSY? (Yes or No.) 20 R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CALLER OF	in or about 21 G. WHERE DID (II In Baltimare City, give exact location)
DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While At The New West	
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY NoI While At No	21F. HOW DID INJURY OCCUR?
Work At Work	
22. I certify that (i) (this hospital) attended the deceased from that (i) (vis) lost saw the deceased alive on 12/17	102/16 19 7/10 /2/17 19 7/
and hour and from the causes stated above. (I) (Ma) (did) (did not)	/lew the body offer death.
Deil Delley Seases MD AH	ending Med. Staff A
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Neil N. Senzer, M.D	The Johns Hopkins Hospital
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CR	
Burial 19 Dec 71 Potomac Valley	
25A. DATE REC'D BY HEALTH DEP 25E NAME F REGISTION	25C. FUNERAL DIRECTOR ADDRESS +

W. Va.

Keyser,

VS 150-REV. 1/1/68

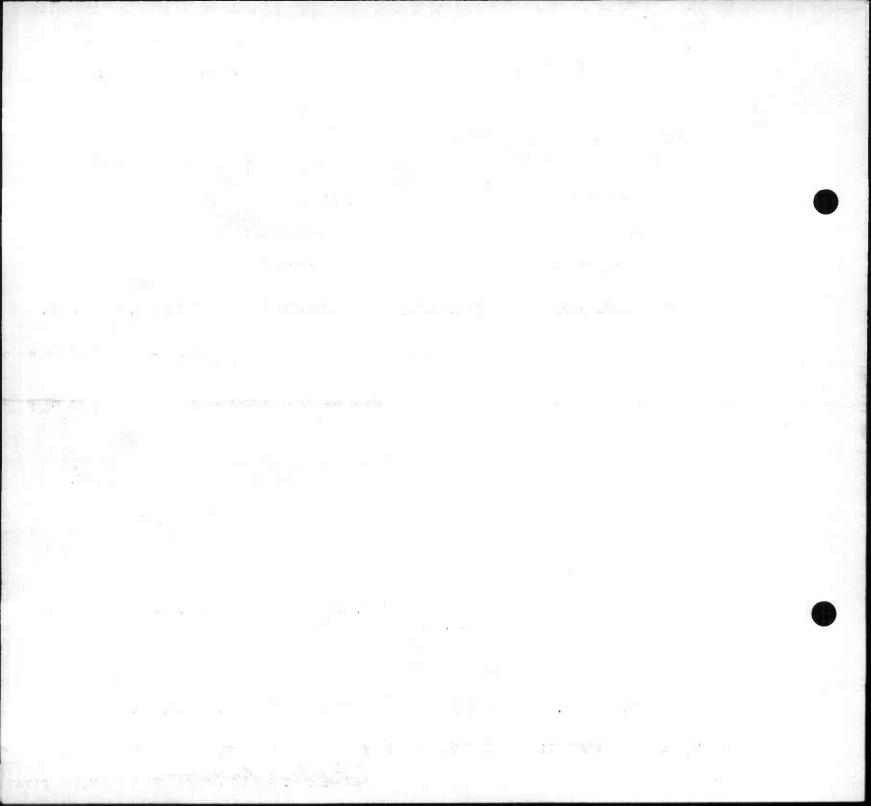


IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

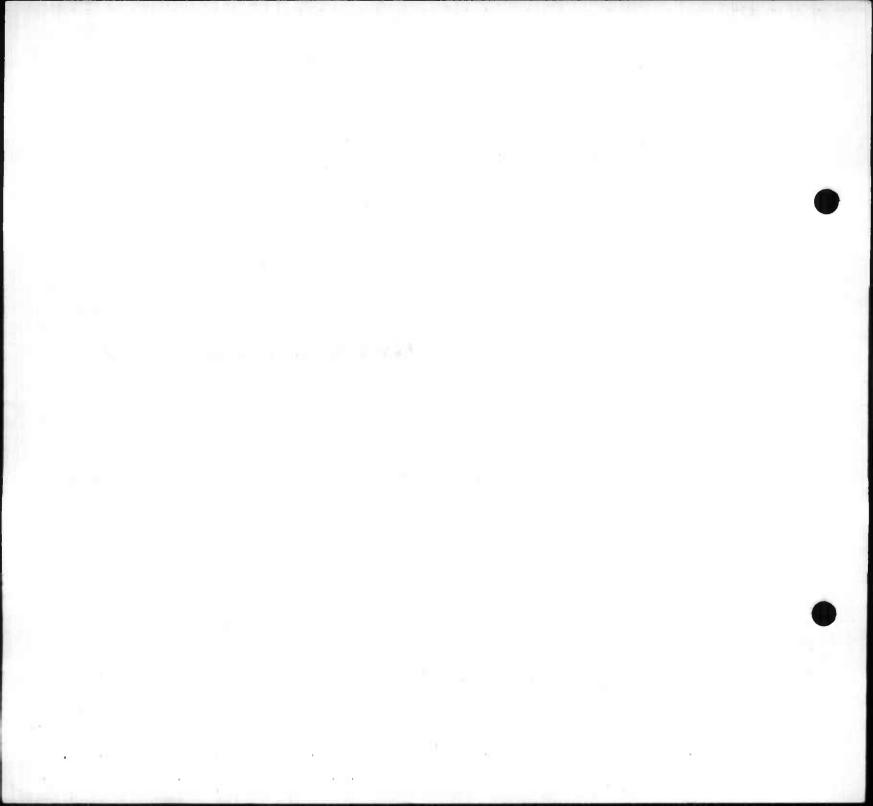
	4-615			Y HEALTH DEPARTM		4.4.000			
	RTH NO. 71 11	808	CERTIFICA	TE OF DEA	TH REG. NO. 7	1 11808			
СТ		Hurbanis		2. D	2. DATE AND HOUR OF DEATH Dec. 17, 1971 10:35 A				
3.	PLACE IN BALTIMORE, MARYLA	ND, WHERE PRONO	OUN CED DEAD	4. USUAL RESIDENCE		nstitution: residence before admission)			
FI	JLL NAME OF (IF NOT IN FOSPITAL OR ADDRESS OR	OSPITAL OR INSTI	TUTION, GIVE STREET	Mary]	D INS	TIDE CITY LIMITS?			
1	US Public Health		ospital	Smith		YES NO			
	3100 Wyman	Parkway		Route		e Village)			
5.	M Caucasia		X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years 5 2	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
1		WIDOWED		3/27/19					
do	A USUAL OCCUPATION (Give kind ne during most of working life, even if re Salesman	of work 108, KIND O	F BUSINESS OR INDUSTRY		e or foreign country! hostovakia	12. CITIZEN OF WHAT COUNTRY? USA			
13.	Andrew Hurbar	nis		14. MOTHER'S MAID Elizabe	eth Kuba				
15. (Ye	Was Deceased Ever in U. S. Arm s,no or unknown) (II yes, give war o	ed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	USA 1941- 19		321-12-2410	Record	ls- US PHS Hosp	oital, Balto, Md.			
	18. 0 3 2 7 1		CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITIO				bilateral bronch				
	(This does not mean the mod heart failure, asthenia, etc. If n injury ar camplication which co	neans the disease	DUE TO, OR AS	A CONSEQUENCE OF:					
	ANTECEDENT CA		(0)	Gram negati	ve septicemia	? 11 days			
	DISEASES OR CONDITIONS, rise to the above couse UNDERLYING CONDITION las	(A) stating the	DUE TO, OR AS	A CONSEQUENCE OF					
_	11		(-/	Acute renal failure 10 days					
ATION	OTHER SIGNIFICANT CONDITION: TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN II	TO THE TERMINAL	**************	Multiple myeloma 3 yrs.					
CERTIFICATION	19A-DATE OF OPERATION 198.	CONDITION FOR S PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Ye	S OF NO. 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED			
CAL	21A- ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	NG 218 hon etc.	PLACE OF INJURY (e.g., in ne, lorm, foctory, street, of	n or about 21 C. WHERE fice bldg., INJURY OC	DID (if in Baltimore	e City, give exect location)			
MEDI	21D-TIME (Month) (Day) (OF INJURY		INJURY OCCURRED		ID INJURY OCCUR?				
>	(APPROX.)	Wh	ile At Not While	. 🗆					
	22. I certify that (1) (this hos		he deceased fram	Nov. 11	19 71 ta Dec.	17 19 7L			
	that (1) (we) last saw the dec		Dec. 17	19 71	and that in (my) (aur) opli	nian death accurred an the date			
	and have and from the causes	stated abave. ((We) (did) (did/1761)/v	lew the bady after d	leath.				
	23A. SIGNATURE	ight in	DEGREE Phys	nding Med.	Shaff X	12/17/71 RGB			
	Robert R. Wrigh	t, SA Sur	g (R)	3D. ADDRESS	Hospital, Balto	, Md.			
24/	BURIAL CREMATION, 248. DAT	E 24C, N	AME of CEMETERY of CRE			ly, town, or county) (Stole)			
	BURIAL 12/2	0/71 RES	T HAVEN CEMET	ERY .	HAGERSTOWN	WASH MD			
25/	DATE REC'D BY HEALTH DEPT.	25B NAME C		25C-MINERAL DE	TOTAL STATE OF THE	mo mo			

DEC 21 19 VS 150-REV. 1/1/68 Poles E. Jales & D. CHARLES IN POUZER CHAGERSTOWN MARYLAND

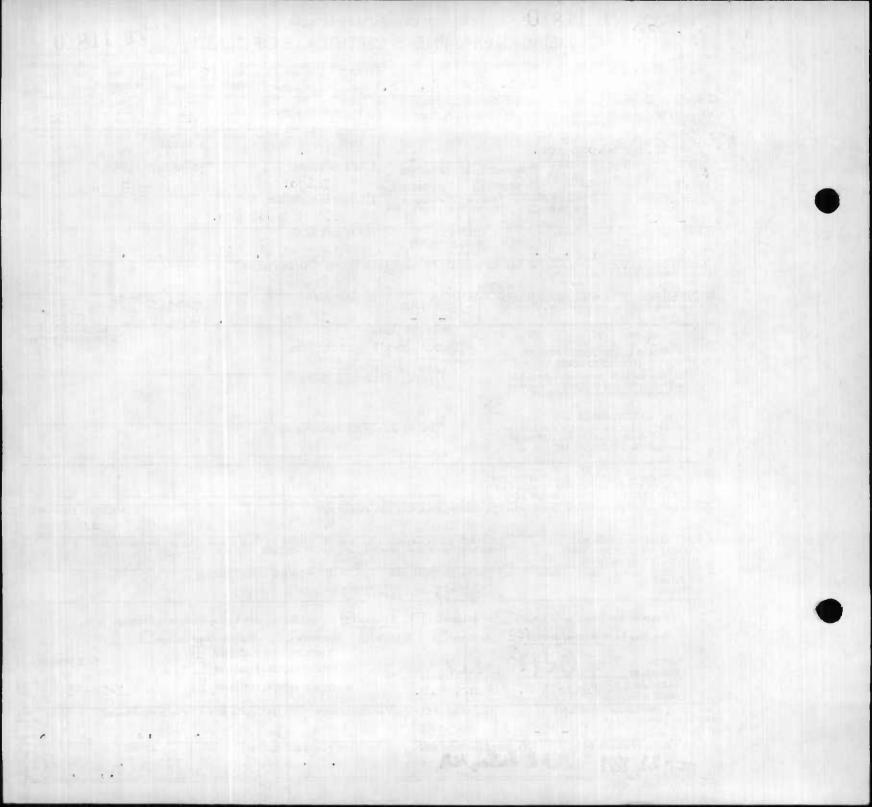


1	2-52071 11809 CERTIFICA	HEALTH DEPARTMENT						
sed the the the	BIRTH NO.	TE OF DEATH REG. NO.						
0 0 N	1. NAME OF DECEASED (Type or Print) CATHERINE ELIZABETH LON	2. DATE AND HOUR OF DEATH						
of control Dece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived If in						
nosp Se (5) and	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	PENNSYLVANA						
cau cau se; end to	HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSI						
Zior in	Luyman Park and 2(5+, St.	BEDFORD E. STREET AND NUMBER						
octir ar ar de.		409 E. PENN ST						
garing be		8. DATE OF SIRTH 9. AGE (In years lost birthday)						
re-re-re-re-re-re-re-re-re-re-re-re-re-r	WIDOWED DIVORCED DIVO	1/29/2						
or c ndet s in dec	done during most of working life, even if refired) Typist Business	Par.						
D D D O S	12 sametre al ano	14. MOTHER'S MAIDEN NAME						
His H	WILLIAM LONG	MARY NAUGLE						
ind ind al		17- INFORMANT						
assis if th ny ki ny ki od d	170-12-0348	Hospital Records, U.S						
his a fo, if fany nced nced anda	DISEASE OR CONDITION DIRECTLY	Hospital Records, U.S						
Alsoning atte	LEADING TO DEATH (A)IMMEDIATE CAUS	inc no preumonia						
er. ctur progr	(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. it meons the disease, injury or complication which coused death.)	CONSEQUENCE OF:						
frace o goul	ANTECEDENT CAUSES							
xan xan xan wh wh	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A	CONSEQUENCE OF:						
- 00 E.E. v	nse to the obove cause (A) stoling the UNDERLYING CONDITION test. (C)							
dical res; ricia vas main	Z 07/200	0 (0)						
med y bu phy phy ian	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING METastatic Carcinoma of Adren DISEASE OR CONDITION GIVEN IN PART 1 (A).							
9 2 3	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA						
the chial by a (2) Boc ere the ophysic efore the	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INTERVIOR IN	or about 21C WHERE DID						
ital ital her No bef	OR CONTRIBUTING CAUSE OF home, form, foctory, street, offi	ce bidg. INJURY OCCUR?						
10 0 5 m	21D. TIME (Month) (Doyl (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
h h	(APPROXI Work Not White At Work							
· · ·	22. I certify that (1) (this haspital) ottended the deceased from DC							
sed to sed to ant of apital eath)	that (6 (we) last saw the deceased alive on DEC 19	19.71 ond that In (my) (aur) apini						
eased to dent of ident of nospital death) must b	ond hour and fram the causes stoted obove. (I) (II) (did did not) via 23A, 51GNATURE	the body ofter deoth.						
eleccid ccid to to	Foller & Sellweim MD Series Attender	ding Med. Staff Phys.						
This certificate must be ap the body was released to shows: (1) An accident of a was D.O.A. at a hospital (deceased prior to death); written approval must be	23C. PHYSICIAM'S NAME (Type) 23 23 24 25 25 26 27 27 28 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	D. ADDRESS						
A A B	LINDER E BELLIVEAU, VID DEGREE	us. V.H.s, Hosp. tol, Ba						
This certif the body shows: (1) was D.O./ deceased written a	REMOVAL (Specify)							
This cer the bod shows: was D. decease	Rem Burial 12/20/71 St. Paul's Chur 25A. DATE REC'D SY HEALTH) DAPT. 221. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR						
されば多点を	DECKT MI AMERICA	H.W.Jenkins Sons Co. Baltimorel Md. 212						
	VS 150-REV. 1/1/68							

9:25 A, M DE CITY LIMITS? YES 🖹 NO [If Under 1 YI. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS S.F. H.S. HOSP APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH days 4mos INDINGS CONSIDERED City, give exect location) 19.7/ ion deoth occurred on the date 23B, DATE SIGNED fown, or county) (Stote) ord Co. Pa. 4905 York Rd.



EXAMINER'S Russell S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER 12-20-71 NAME (Type) 24A. BURIAL CREMATION. 248. DATE 24C, NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) 12-22-71 Balto. Burial Oaklawn Md. Co., 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** Jenkins 905 York Sons Co. ork Road Balto Md. VS 151-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT 71 11811 CERTIFICATE OF DEATH if death accurred in a hospital and rect or cantributing cause of death (4) Undetermined cause; (5) Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before odmission)
A. STATE 8. COUNTY 50 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD eath. ance (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MD FULL NAME OF Ď HOSPITAL OR C. CITY OR TOWN attend D. INSIDE CITY LIMITS? 0 CHURCH HOME ANDHOSPITAL BALTIMORE YES X prior E. STREET AND NUMBER NKENWOOD AV made. regular 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. Months: Doys 7. MARRIED NEVER MARRIED deceased WIDOWED DIVORCED A dispositian is 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of Coreign counfry) 12. CITIZEN OF WHAT COUNTRY? = done during most of working life, even if retired) VIRGINIA. WINDOW CLEANER Was the 13. FATHER'S NAME assistant if RAYMOND SALLY death 9 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [If yes, give wer or dotes of service) 16 SOCIAL 17. INFORMAN final SECURITY NO. attendance CHURCH HOME DR PRABIR K. BOSE 223.349034 fracture of any CAUSE OF DEATH pranounced P DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, regular Injury or complication which caused death.) wha ANTECEDENT CAUSES GLO DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the physician UNDERLYING CONDITION last obtained before the remains the chief medical burns; CERTIFICATION PNEUMONIA - ILEO FEMORAL THROMBOSIS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (A). (2) Body 20A- AUTOPSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED ACUTE ABDOMEN 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where (If In Boltimore City, alve exact location) to the hospital MEDICAL DEATH (notify medical examiner) any nature; (Month) (Doy) (Year) 9 (Hour) 21F. HOW DID INJURY OCCUR? 21E INJURY OCCURRED OF INJURY approved (except While At Not While r (APPROX.) and Work At Work 22. I certify that (1) (this hospital) attanded the deceased from..... 2.15. death); that (i) (we) last saw the deceased alive on. and that in (my) (our) opinion death occurred on the date 90 a hospital and hour and from the causas stated abova. (1) (We) (did) (did not) view the bady after death. must An accident 23A. SIGNATURE 23 B. DATE SIGNED 0 approval 23C. PHYSICIAN'S NAME (Typel prior 23D. ADDRESS ţ the body was shows: (1) An HOME AND HOSPITAL. D.O.A. 24A. BURIAL CREMATION, 24B. DATE deceased (City, town, or county) REMOVAL (Specify) Burial 12/18/71 Wake Forest Baptist Slate Hill, Virginia SDM 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25 Robert G. Mason F. H. 2500 M. L. King .0 Washington, D.C.

NO

2/2/3

Hours

U.SA.

ADDRESS

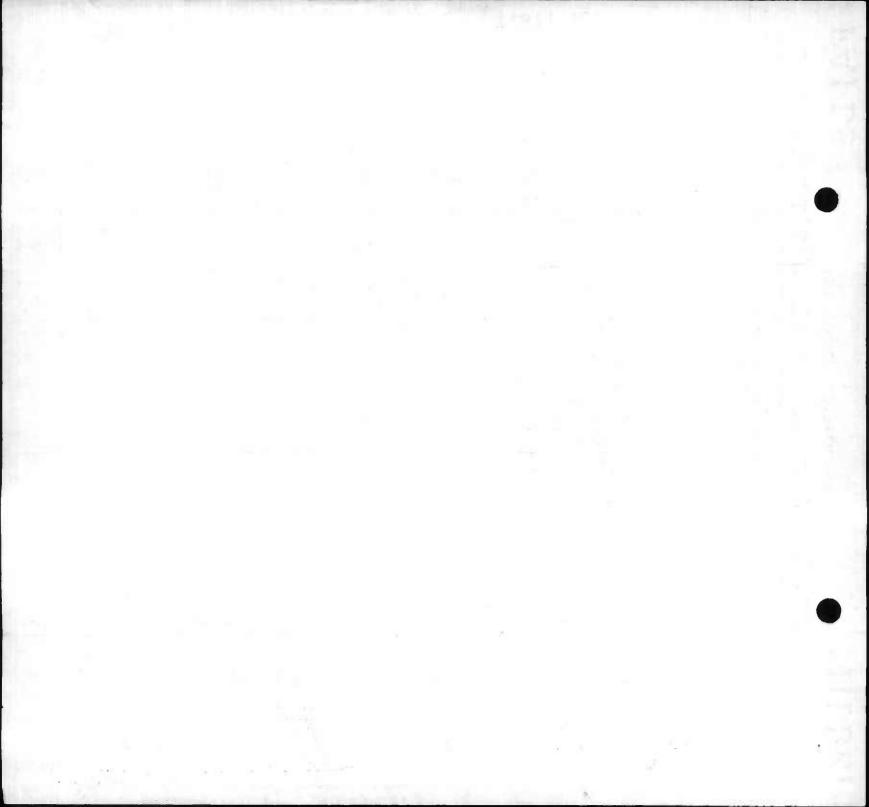
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

If Under 24 Hrs.



T 174 44040	BALTIMORE CITY HE	EALTH DEPARTMENT	7			
/-525 71 11812 (CERTIFICATI	E OF DEATH	REG. NO			
BIRTH NO.	CERTIFICATI	LOIDEATH	7	1 11012		
(Type or Print) GERTRUDE T			TO HOUR OF DEATH	16151		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD 4.	USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	STATE B. COUN	Alleg en			
MONTEBELLO STATE	C.	CITY OR TOWN FROSTS.	D. INSID	E CITY LIMITS?		
	F	STREET AND NUMBER	7.00	YES X NO		
S. SEX 16. BACE 17. MARCH		37 Me057	- AVE			
5. SEX 6. RACE 7. MARRIED X NEV	/ER MARRIED 8. E	DATE OF BIRTH	9. AGE (In years lost birthdoy)	if Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.		
FEMALE WHITE WIDOWED	DIVORCED 4	4/5/1874	79	Tools Williams		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINI done duping most of working life, even if retired)	ESS OR INDUSTRY 11.	BIRTHPLA CE (Slote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
HOUSEWIFE OWN HO		WALES		U.S. A.		
	14.	MOTHER'S MAIDEN NA	ΑE			
JAMES VON DAVIES				UNKNOWN		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no opunknown) (If yes, give war or dates of service) SEC	CIAL 17. CURITY NO.	INFORMANT		ADDRESS		
	.54.8582	INFORMANT MRS MARY	T CT	MICLEAN, VA.		
	AUSE OF DEATH	LINS FIMI	1. 01EW	APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		NOT ES	TABLIJHED.	BETWEEN ONSET AND DEATH		
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUSE DUE TO, OR AS A CO	NICCOLICA OC				
heart laiture, astheria, etc. It means the disease,	ADTE	PIOSCHERO	TIC CERER	RO		
ANTECEDENT CAUSES	MASLA	LAR DISEASE.	W174 HB4	see all !		
DISEASES OR CONDITIONS, il any, giving	(B) OP AS A C	MULHA DISEASE WITH HELL 8/3/71 A CONSEQUENCE OF:				
inse to the above cause (A) stating the	(c) HYPER	TENSIVE .	DISEASE	UNDETEXIS.		
	11-51	OSCHEROTIC	12====			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	DISEA		ITEART	UNDETER		
S DISEASE OR CONDITION GIVEN IN PART 1 (A).		**********************		MI WES		
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH (WAS PERFORMED)	OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED		
OR CONTRIBUTING CAUSE OF	OF INJURY (e.g., in or	obout 21 C. WHERE DID	(If In Baltimore	City, give exact lacotion)		
DEATH (nality medical examiner)		bldg., INJURY OCCUR?				
OF INJURY (Manth) (Doy) (Yeor) (Haut) 21E INJURY		21F. HOW DID INJU	IRY OCCUR?			
(APPROX) White At Work	Not White					
22. I certify that (I) (this haspital) attended the dece		pt 22 19	7/ to Alec	15 19 71		
that (1) (we) last saw the deceased alive an				an death accurred on the date		
and haur and from the causes stated above. (1) (We) (did) (did not) view	the body ofter death	· ···· (worl obline	asam accouled an the date		
23A. SIGNATURE	1 100 1007 1100	sudy unter death.	la	B. DATE SIGNED		
fuer/ans	Attending Phys.	Med. S	hys.	2/15/7/		
23C. PHYSICIAITS NAME (Type)	DEGREE!	ADDRESS	nys. 🗀	1.0/1.		
J, MEIJANES	DEGREE	honsesen	ho STATA	= HOSPITAL		
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of (CEMETERY OF GREATAT	OBY 24D. LO	CATION (City,	town, or county) (Slote)		
BURIAL 12-18-1971 FROST	BURGME	MORIAL FR	POSTBURG	ALLEG, MD		
PECESTE 1974 DEPT. 226. NAME OF REGIST		SC. FUNERAL DIRECTOR	1111	ADDRESS		
VS 150-BEV 1/1/40		1 Legy	th K fleer	st Trostburg Md		

The state of the s M. MARY T STY ON To write the main the reservation with the creations of the long to the not from a good

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death' shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

В	S-530 71 11813		HEALTH DEPARTMENT	REG, NO	71 1	1813	
	NAME OF DECEASED ype or Print) WILLIAM EXEX	XXEX XXX XXEX XXXXXX		ND HOUR OF DEATH	17/1	1.1209	
3	PLACE IN BALTIMORE MARYLAND, WHERE PRONOL		4. USUAL RESIDENCE (Wh.	ere deceased lived. If in	nstitution: re:	sidence before adm	nis sian)
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) (IF NOT IN HOSPITAL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN		IDE CITY LIA	90	1
11.	Shar Hospital &	Q	Baltimos	P	YES T	-	
-	42161		E. STREET AND NUMBER	38th 6	24		
5.	SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under	1 Yr. If Under 2 Doys Haurs	14 Hrs.
	MALE WIDOWED		•	77			
de	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF one during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE IState at far	eign cauntry)	12. CITIZ	EN OF WHAT CO	UNTRY?
1	DRIVER TA	XI	BALTIMORE, MA		US	SA	
1.3			14. MOTHER'S MAIDEN NA				
10	JOSEPH C. SMITH		FRIEDA	?			
(1	. Wos Deceosed Ever in U. S. Armed Farces? es,no or unknown) lif yes, give war or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
L			MR. JEROME K. S	MITH, 7912 I	LONGME	ADOW RD. #	21208
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	4		8	APPROXIMATE INTE	
	LEADING TO DEATH	(A)IMMEDIATE CAU	SE Premmi				
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		A CONSEQUENCE OF:				
	injury or complication which caused death.)		Diafetes	magail			
	ANTECEDENT CAUSES	(8)		All the		1941	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION (ast,		A CONSEQUENCE OF:				
	11	(c)					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)			**********************			*****
EPTIFIC	194-DATE OF OPERATION 198. CONDITION FOR W	VHICH OPERATION	20A. AUTOPSY? (Yes of N	ON CERTIFYING CA	FINDINGS OF D	CONSIDERED EATH?	
CALC	21A ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF home etc.)	PLACE OF INJURY (e.g., in a, farm, factory, street, of	ar obout 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If In Baltimor	e City, give	exact location)	
MEDI		INJURY OCCURRED Port While At Work	21F. HOW DID IN.	TURY OCCUR?			
	22. I certify that (I) (this hospital) attended th		Towel	19 4/ to	lie,	18 107	/
	that (1) (we) last saw the deceased alive on		/	nat fn (my) (our) opl			
	and haur and from the causes stated above. (1)	(We) (dld) (dld nat) v		in(in), (201) op.			0 0010
	23A. SIGNATURE Washand Nee	de Mrt Atter	nding Med.	Stuff Phys.	238, DATE	3-/18/21	,
	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys	3D. ADDRESS	Phys. 🗀	1	/ ' / / /	-
	NATHAN E.	NEEDLE	61716- (1	wh Arts A	Knue	7	
24	A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)	ME of CEMETERY of CRE	MATORY 24D. L	OCATION (CI	ty, lown, or	county) ISI	late)
		IMORE HEBREW	BA	ALTIMÓRE, MA	RYLAND		
25	OF C 22 1971 LAGE & SEBE		25C, FUNERAL DIRECTO		O DETC	ADDRESS	DO 4 D
1	ALTO MA 1911 CONTROL OF MANTENES	7.0	SOL LEVINSON	G BRUS.,601	U REIS	TERSTOWN	KUAD

Special the firm lid wo . ' it's it's personal results of the second

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0 255	BALTIMORE CITY HEALTH DEPARTMEN	T
BIRTH NO. 71 1101	CERTIFICATE OF DEAT	"" 4 4 0 4 A
1. NAME OF DECEASED		E AND HOUR OF DEATH
LOUIS CARL O	2000MAN 1	Dec. 17 197/11:85 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD 4. USUAL RESIDENCE	(Where deceased lived, If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO ADDRESS OR LOCATION)	N, GIVE STREET C. CITY OR TOWN	D. INSIDE CITY LIMITS?
NORTH CHARLES GEN.	HOSPITHI BACTIM	ORC YES ON NOT
49	E. STREET AND NUMB	ER 850 W. 35th STREET #21211
5. SEX 6. RACE 7. MARRIED RT	NEVER MARRIED 8. DATE OF BIRTH 190	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MACE CONITE WIDOWED	DIVORCED 9/10/xxxx	9. AOE (In years last birthday) 6.5 Months Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY 11. BIRTHPLACE (Stote of	loreign country) 12. CITIZEN OF WHAT COUNTRY?
PROPRIETOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SHOE STORE RUSSIA	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME
MORRIS MOSES GOO		FOGEL
	SOCIAL 17. INFORMANT SECURITY NO. MRS. FR	EDA GOODMAN, 850 W. 35th ST. #11
NO 2	19-52 3754	WIFE SAME AS AGAIN
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUSE acute	Renal Jaly welke
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)	DUE TO, OR AS A CONSEQUENCE OF:	. 9 0000103
ANTECEDENT CAUSES	SEVENO ANI	emia.
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	
2 11		102-
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 121A, ACCIDENT WAS UNDERLYING.	Diabetis me	Clitro
DISEASE OR CONDITION GIVEN IN PART 1 (A).	H OPERATION 20A. AUTOPSY? (Yes o	r No) 208, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED n	me No	IN CERTIFIEND CAUSES OF DEATH?
OR CONTRIBUTION TO	CE OF INJURY (e.g., in or about 21 C. WHERE DIE m, foctory, street, office bldg., INJURY OCCUR	(If th Boltimare City, give exoct location)
0 210 710 4	wne	mone
While At	. 0 0(10 1	INJURY OCCUR?
Work	At Work	nme
22. I certify that (I) (this hospital) attended the de that (I) (we) lost sow the deceased alive on/	7 / 1 1	19 7/ to 12/17 19 7/
ond hour and from the couses stated above. (i) (We		that in(my) (our) opinion death occurred on the date
23A. SIGNATURE	/ (did) (did not) view the body ofter deor	23B, DATE SIGNED
Munsiano	Attending Med. Director	S stoff 2 /7 /7 /
23C. PHYSICIAN'S NAME (Type) TON H- ESCALBA	THE M.D. 23D. ADDRESS NOTTH CAN	ance can Hospital
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of REMOVAL (Specily)	DEGREE I CEMETERY OF CREMATORY 24D	LOCATION (City, town, or county) (State)
BURIAL 12-19-71 CHIZUK	AMUNO (ARLINGTON)	BALTIMORE, MARYLAND
DEC 22 1971 Page E. Name OF REC		OR ADDRESS N & BROS.,6010 REISTERSTOWN ROAD
VS 150-REV. 1/1/68		

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

71 11815	BALTIMORE CITY	HEALTH DEPARTMENT	11015		
-/00 111010	CERTIFICA	TE OF DEATH TEG. NO. 71	11910		
I. NAME OF DECEASED	-7	2. DATE AND HOUR OF DEATH	71 101/20		
()05E	ZIEVE	DEC 18,19	11 6.45 Am.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE Where deceased lived, If insti	lution: residence before odmission)		
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE	E CITY LIMITS?		
SINAI HOSPITAL		BALTIMORE E. STREET AND NUMBER	YES NO		
Lapon D		6800 LIBERTY ROAD, APT.	513 #21207		
5. SEX 6. RACE 7. MARR	IED X NEVER MARRIED		If Under 1 Yr. , If Under 24 Hrs.		
FEMALE WHITE WIDOV		DEC. 25, 1896 10st birthdoy) 74	Months Doys Hours Min.		
IGA, USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?		
	T HOME	BALTIMORE, MARYLAND	USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
PHILIP GOLDSMITH		LENA FRIEDLANDER			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
NO	NO	MR. WILLIAM ZIEVE, 6800 LIB	ERTY RD., APT. 513		
18.431.01	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
(This daes not mean the made of dying,	nat mean the made of dying, e.g., (A) IMMEDIATE CAUSE DIETO OR AS A CONSEQUENCE OF				
heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ose,				
ANTECEDENT CAUSES (D) HUDER TELLIN 1611PARS.					
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR/AS A CONSEQUENCE OF:				
rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)				
11	(3,				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
 ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A). ✓ 19A-DATE OF OPERATION 19B. CONDITION F 		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	IDINIOS CONSIDERED		
199. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OFERATION	IN CERTIFYING CAUS	ES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If in Baltimare (City, give exact location)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	frice bidg., INJURY OCCUR?			
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?			
OF INJURY (APPROX.)	While At Not Whit	e			
22. I certify that (1) (this hospital) ottende		Jan 15 1955 to De	2018 1971,		
that (I) (we)-lost saw the deceased alive	7	197/and that in(my) (our) apinio			
and hour and fram the causes stated abov	e. (I) (We) (did) (did not) v				
23A. SIGNATURE	. 0 0	2	3B. DATE SIGNED		
Claer J. Hull	efact DEGREE Phys	Med. Staff Staff Phys.	12/18/71		
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
ALERED HIMELFA	RB	222 W. COLD SPRING LANE			
24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (City,	town, or county) (State)		
	OHEB SHALOM MEMO				
25A, DATE REC'D BY HEALTH DEPT 25B, NA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS REISTERSTOWN ROAD		
VS 150-REV. 1/1/6B	anting 150	SOL LEVINSON & BROS.,6010	RETOTEROTORIN ROAD		

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

1	M-256 2	71 118	316	BALTIMORE CITY	HEALTH DEPARTMEN		71 1	1816
	BIRTH NO.	LOHON	14/5	MCERTIFICA	TE OF DEAT	H REG. No.		
	1. NAME OF DECEASE	1 1 1 1 1 1	m		2. DA	TE AND HOUR OF DEATH	, 1	Δ
	3. PLACE IN BALTIMO	RE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, II/in	17/7/ isligations	residence belote admission)
	FULL NAME OF HOSPITAL OR INSTITUTION	IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT	TUTION, GIVE STREET	C. CITY OR TOWN	AND BAL	IDE CITY	IMISS
lane.	50				BALI	TO - PD	YES	NO 🗌
	GOOD S	AMARI	HOSP	E. STREET AND NUMB	EBRLE	80.	APT 202	
5	5. SEX 6. RA	CE AND W	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH /	9. AGE (In years	If Und	er 1 Yr., If Under 24 Hrs.
	MALETA	MIE	WIDOWED	DIVORCED	10/21/95	last birthday	Months	Doys Hours Min.
	tOA, USUAL OCCUPATI	ON (Give kind of wor g life, even if retired)	10B KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CtT	TIZEN OF WHAT COUNTRY?
	SELF EMPL		SHC	E MAKER	POLAND			U.S.A
5	13. FATHER'S NAME	N . 24			14. MOTHER'S MAIDE	and the same of th		
2	SAM MI	SHNER			MINNI	E FOX		
	15. Was Deceased Ever (Yes, no or unknown) (If ye	in U.S. Armed Fores, give wor or dole	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	NO	_		218-32-0716	MRS. ANNIE M	ISHNER, 6636 E	BERLE	DR., APT. 203 #1
5	18. 4/0.	1		CAUSE OF DEAT		<		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3		CONDITION DI	RECTLY	M 1/0	CARDIAL-	INFARCTION	t	1400
	(This does not m	on the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:			67/10
	heort failure, asthe	nio, elc. Il means ion which caused	the disease,	A	- c /2			
	ANTE	CEDENT CAUSES		(0)	SCVD			YEARS
0	DISEASES OR C	ONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		********	
2	rise to the ob-		sloling the	(c)				
		11						
	O OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDI	NOT RELATED TO T	HE TERMINAL	PUCH	ONARY E.	UPHYSEMA		3 YEARS
	OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OF CONDITION 19A. DATE OF OPER UNITED TO THE DEATH BUT 19A. DATE OF OPER 19A. ACCIDENT W.	ATION 198 CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF	S CONSIDERED DEATH?
20100	ZIA. ACCIDENT W. OR CONTRIBUTING DEATH (notify medic	AS UNDERLYING CAUSE OF	218 hom elc.	PLACE OF INJURY (e.g., ine, form, factory, street, of	n or about 21 C. WHERE D fice bldg., INJURY OCCU	ID (If in Boltimore	e City, giv	ve exoct location)
3	Q 21 D. TIME (Mon	th) (Day) (Year)	(Hous) 21E	INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?		
	(APPROX.)		Wh	ile Al D Nol While	· 🗆 /	- 1	1,	7
	22. I certify that	(1) (this hospital	attended t	he deceased from /	129		1/1	19
	that (1) (we) last			12/10		nd that In (my) (aur) opin	nian dea	
	and your and from	the causes sta	ted above. ((We) (did) (did nat) v	lew the bady after de	ath.		
	23A SIGNATURE	in Du	her	AHO AHO	nding Med.	Staff	23B, DA	TE SIGNED
3	23C. HYSICIAN'S NAME Gype)	or Car	1) .	DEGREE Phys	Director L 23D. ADDRESS	Phys. 🖾		/////
2	11. 2051	AN DE	GLLIN	GER DEGREE	(900D fi	AMAKITAN.	HEST	PITAL
3	24A. BURIAL CREMATIC REMOVAL (Specify	N, 248, DATE	24C.N.	AME of CEMETERY OF CRE	MATORY 24			or county) (State)
	BURIAL	12-19-7		ERETH ISRAEL A		ROSEDALE, MARY	/LAND	5
	DEC 22 1971	COSCAS E.	25B. NAME	OF REGISTRAR	SOL LEVINS	ON & BROS.,6010	REI	ADDRESS STERSTOWN ROAD
	VS 150-REV 1/1/48		-					

distribution in the second second

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

-	7-635	71 118	17	BALTIMORE CITY			REG. NO.	71 11817
911	RTH NO.	-	LL Ø.	CERTIFICA	TEO	F DEATH	KEO. 110	
	NAME OF DEC	FOIFDUA	N. L	OULS E.		2. DATE A	ND HOUR OF DEATH	7/ 011
3.	PLACE IN BALL	IMORE MARYLAND, W	HERE PRONO		4. USUA	L RESIDENCE IWH	ere deceased lived. If in	stilution: residence before admission)
FL Hi	JLL NAME OF OSMIAL OR ISTITUTION	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	A. STAT		ALTIMOP	DE CITY LIMITS?
12	C	11.0013	-11		B	ACTIMORY	2	YES NO
	SIMM	HUSP17	AL		E. STRE	SIIS BO	ucroft	Rd
	SEX MALE	HITE	7- MARRIED WIDOWED	DIVORCED	XXXX	OF BIRTH OXXXXXXXXX	9. AGE (in years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
do 1	ne during most of v	PATION (Give kind of work vorking life, even if rettred) MUTUAL	1	TRACK		IPLACE (Stole or for INORE, MA)		USA
13.	FATHER'S NAA	AE			14. MOT	HER'S MAIDEN NA	ME	-1
1	N	? FRI	EDMAN			UNKNOW	N	
15. (Ye	Wos Deceased s, no or unknown)	Ever in U. S. Armed For ill yes, give wer or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFO	RMANT		ADDRESS
	YES	W.W. I ARMY			MRS.	LOIS PACH	INO, 6112 TAI	LLES RD. #21207
	18.4/10	, 7 I		CAUSE OF DEAT	Н			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIS LEADING TO DEATH	ECTLY		Ca	rdio nul	monary as	000t
	(This does no	of mean the mode of asthenia, etc. It means	dying, e.g., the disease.	(A) IMMEDIATE CAL	10L		1 00	77 63 1
	injury or com	plication which caused	death.)	0 !	-0	MIT		
		NTECEDENT CAUSES		(8)	A CONSE	CHENCE/OF:		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)							
NO	OTHER SIGNIFI	CANT CONDITIONS COIL BUT NOT RELATED TO TH	NTRIBUTING					
CAT	DISEASE OR CO	ONDITION GIVEN IN PAR	[] (A).		100 4			***************************************
CERTIFICATION	0	OPERATION 198 CON	ORMED	WHICH OPERATION	204.2	(UTOPSY? (Yes or N	O) 208, IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
CAL	DEATH (notify	T WAS UNDERLYING TING CAUSE OF medicol exomined	21 B, hom etc.l	PLACE OF INJURY (e.g., i e, form, foctory, street, of			(if in Boltimore	City, give exoct locotion)
MEDI	OF INJURY	(Month) (Doy) (Year)	11.1.2.2	INJURY OCCURRED		21F. HOW DID IN.	IURY OCCUR?	
	(APPROXI		Wos	rk Al Work				140
		that (1) (this hospitai		he deceased from	6) (7	19 1 to 17	19
		last saw the decease		200 200 200	19,	/	•	lan death accurred on the date
	23A. SIGNATUI		ed abave. (l) (We) (did) (did not) v	lew the l	ody after death.		COLD DATE (ICHED
	Klyt	vaujer		M Degree Phys	nding [Med. Director	Stoff Phys.	12 · 19 · 7 /
	23C. PHYSICIAN NAME (T	PICHAELI	DE5		23D. ADDI	SINA1	HOSP17A	C BACTIMORE
24/	REMOVAL (S	AATION, 248. DATE	24C. NA	ME of CEMETERY of CRE	MATORY	24D, 1	OCATION (City	y, town, or county) (State)
	BURI			L YAKOV			ALTIMORE, MAI	
25/	DEC 22	1971 John Start	268. NAMEX	PF REGISTRAR		LEVINSON		REISTERSTOWN ROAD
VS	150-REV. 1/1/6	8					2	

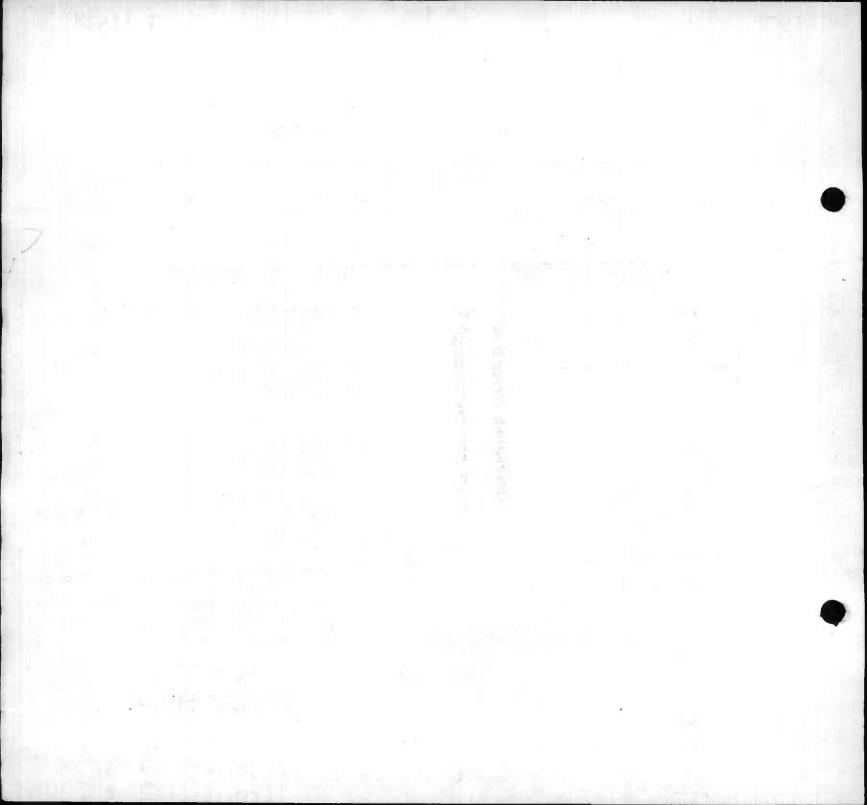
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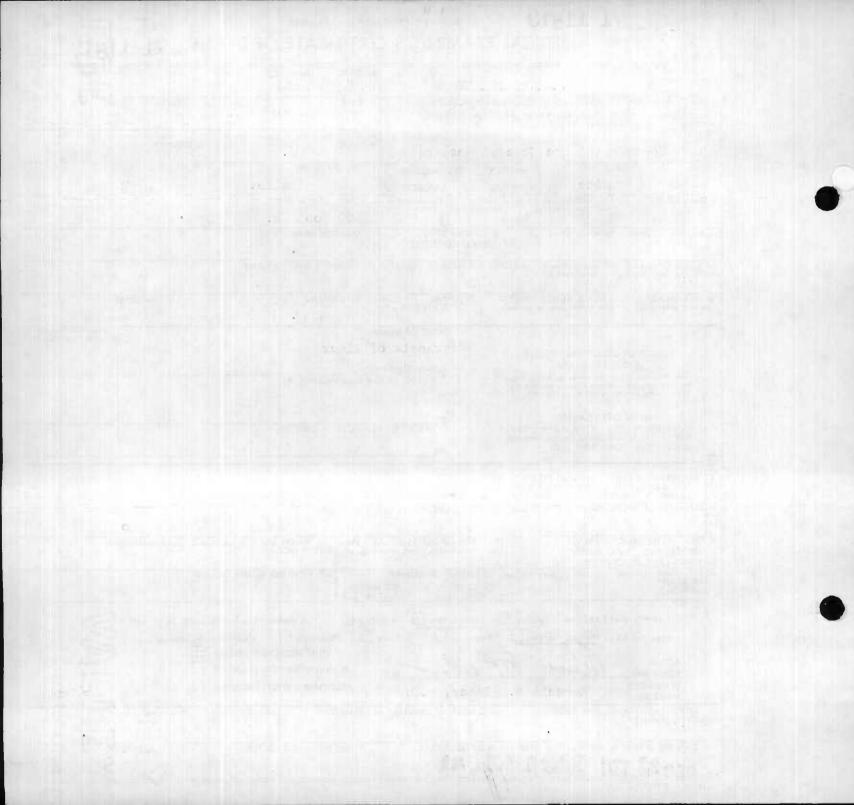
THE COURT OF THE PROPERTY OF T

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY	HEALTH DEPARTMENT	44040
BIRTH NO. 71 11818 CERTIFICA	TE OF DEATH REG. NO. 71	11818
1. NAME OF DECEASED Ared S. Opport	2. DATE AND HOUR OF DEATH	9 15 N.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONQUINCED DEAD	4. USUAL RESIDENCE (Where decosed lived, If institut	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	20 0 0	timore
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE C	
Baltimore City Hospitals	Owings Mills YES	s □ NO K
4940 Eastern Avenue	E. STREET AND NUMBER	
Baltimore, Maryland 21224	41 Strawhat Road 21117	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH JAN, 15, 1899 9. AGE (In years lost birthday) 72	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) #005EWIFE	md,	V.S. 19
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
LOUIS F. SHERMAN	MAY R. HANSON	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no orlunknown) (If yes, give wor or dotes of service) SECURITY NO.	Records: BCH-4940 Eastern Ave	21224
18. SCAUSE OF DEAT	H Bastern Ave	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	nie stost so s	BETWEEN ONSET AND DEATH
LEADING TO DEATH	1SE 70% Burn	Aday s
Tring does not mean me mode at dying, way, _ / 15 Dile to Ob Ve	A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disectiniury ar camplication which coused death.)		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, if ony, gi DUE TO, OR AS	A CONSEQUENCE OF:	
rise la lhe abave cause (A) staling the UNDERLYING CONDITION lost.		
S C.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		
	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
THE THE STATE OF T	Y E >	VES_
OR CONTRIBUTING CLAUSE OF	n or obout 21C. WHERE DID (If in Boltimore Cit ffice bldg., INJURY OCCUR?	y, give exact lacotion)
DEATH (notify medical exominer)	1530 /3 /tim	ace Co
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) 12 14 71 8 While At Not While At Work	Clothing ignited.	by spark
	12/14 197/10 /2	118 1971
10 /100		
that (1) (we) last sow the deceased alive on 12/18	19 21 and that in (my) (our) apinian	i dentil occurred an the dote
and hour and from the causes stated above. (I) (We) (Aid) (did not)		DATE SIGNED
23A. SIGNATURE	ending Med. Staff St	DATE SIGNED
DEGREE Phy	rs. Director Phys.	10/18/11
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS Baltimore City Hospita	als
L. Turnbaugh	Baltimore City Hospit, 4940 Eastern Ave., Baltimore,	
24A. DATE CREMATION, 24B. DATE 24C. NAME of CENTERS OF CR	EMATORY 24D. LOCATION (City, to	own, or county) (Stote)
CREMATION 12/20/71 LOUDON CRE	(BRADIEY) BALTO. N	14.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250. FUNERAL DIRECTOR PO 11	Del DODESS/10
DEC 22 BT Vase & E. Wandson M.D.	W King Heady	v. v



1 -0=	71 1181	19	BALTIMORE CITY H	EALTH DEPARTME	NT		7			
H-325	MED	DICAL	EXAMINER'S	CERTIFICA	TE OF	DEAT	H 71	115	119	
BIRTH NO.							KEG. MQ			
I. NAME OF DECE		DIEG	American	li OF	nown 🔲	Month	Doy	Year	Hour	
			ATKINSON	DEATH E	stimoted 🔲		17	/ '		М.
	MORE, MARYLAND,			3. DATE PRONOUNCE	D DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL	ADDRESS OR LOCA	ALORINS	MUTION, GIVE STREET			12	19	1971	9:45	T W
OR INSTITUTION				5. USUAL RESIDE		deceased li	B. COUNTY	n: residence	belore odmis	ion)
			ral Hospital		Md.	y y	4 A		(1) 12×	0
	RACE		IED NEVER MARRIED	C. CITY OR TOW			D. INSIDE C			
male	white	WIDOW			Balto.		Υ	ES 🔼	ио 🗆	
9. DATE OF BIRTH	t0.AGE (lost birthdo	(YC	If Under 1 Yr. 11 Under 24 Hrs Months Days Hours Min			Ralta	Md. 212	225		
Jec 20 1907		64		506 Woo		Data	1.C. 212	(4)		
11. BIRTHPLACE (Sto	te or foreign country)		/ WHAT COUNTRY?	13. FATHER'S NA						
lid			0 3 71	Arthur	~					
done during most of wor	rking life, even if retired)		OF BUSINESS OR INDUST							
Davidson (nem (o	K	eti te d	- V	an Sana	C				
16. WAS DECEASED	EVER IN U.S. ARME yes, give wor or dotes	of service	17. SOCIAL SECURITY NO:	18. INFORMANT				DDRESS	, , ,	1100
			2 SECURITY NO:37	Charles	C. Atkl	inson a	12 500 M			
19.	. 91		CAUSE OF DE						PPROXIMATE IN VEEN ONSET AL	
DISEASE	OR CONDITION DIRE	CTLY	Cirrhosis	of liver						
	ADING TO DEATH		(A)IMMEDIATE	CAUSE						
(This does not	meon the mode of distinctions the	ying, e.g., e disease.		AS A CONSEQUENC	CE OF:					
Injury or campi	lication which coused de	olh.)								
ANT	ECEDENT CAUSES		(8)							
DISEASES OR	CONDITIONS, IF AN	Y, GIVING	DUE TO, OI	AS A CONSEQUEN	ICE OF:					
I UNDERLYING	ABOVE CAUSE (A) STA	IING INE	(c)							
Ó			(C)							
OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUT	IING							
DISEASE OR C	H BUT NOT RELATED TO ONDITION GIVEN IN F									
OTHER SIGNIF TO THE DEATH DISEASE OR C	OPERATION 208. CO	NDMON	FOR WHICH OPERATION V	VAS PERFORMED				21. AUTC	PSY? (Yes o	r No)
.1								no		
	AL CAUSE WAS		228.PLACE OF INJURY (e.g. home, form, foctory, street, off	, in or obout 22C. V	WHERE DID	(Il in Boltimo	re City, give ex	act location)		
UNDERLYING L			home, larm, foctory, street, off	ice bidg., etc.) INJUR	Y OCCUR?					
≥ 22D. TIME (M		r) (Hou) 22E.INJURY OCCURRED	22F. H	OW DID IN.	JURY OCC	UR?	***************************************		
OF INJURY (APPROX.)			M. WHILE AT NO	T WHILE WORK						
23.										
1 certify	y that I held an	Inquiry [Inspection 🔀 A	utopsy an	d that on th	his basis,	death in my	opinion		
	d from: Natural car			de Homici	de 🗌	Undetermi	ned monner			
	6)	- (-/ 1		MEDICAL E	XAMINER	X	F 6		
ACTUAL	- Musse	p 8	Fisher	ACCICTAN	IT MEDICAL E				DATE SIGN	IED
SIGNATUR	100		M.	D.	E MEDICAL E				10 00	7 7
NAME (Ty	KIISSE	11 S.	Fisher, M.D.	ASSOCIATI	- MEDICAL E	TOWNS APPLICATION	_		12-20-7	T
24A. BURIAL CREMA	ATION, 248. DATE		24C. NAME of CEMETER		24D.	LOCATION	(City, low	n, or county) (5101	e)
REMOVAL (Specify)	12 23.	. 71	Cedaa Hill	emetery	R	itchie	Hyray .	Balto	Md. 21.	225
25A. DATE REC'D B	Y HEALTH DEPT.	25B. N	IAME OF REGISTRAR	Q	RAL DIRECTO			ADDRESS		
7-0 20	4099 Q.Q.	1 m	alley M.A.				me 237		an Aug	217
DECRE	2 Amesi	to the di		- Qua	co. I cace	ruc 110	1116 4)/	i adaps	W TIVE	212
VS 151-REV. 3/1/68		III.	7 1 0 0	1 6 6 6 6 6	1 6					

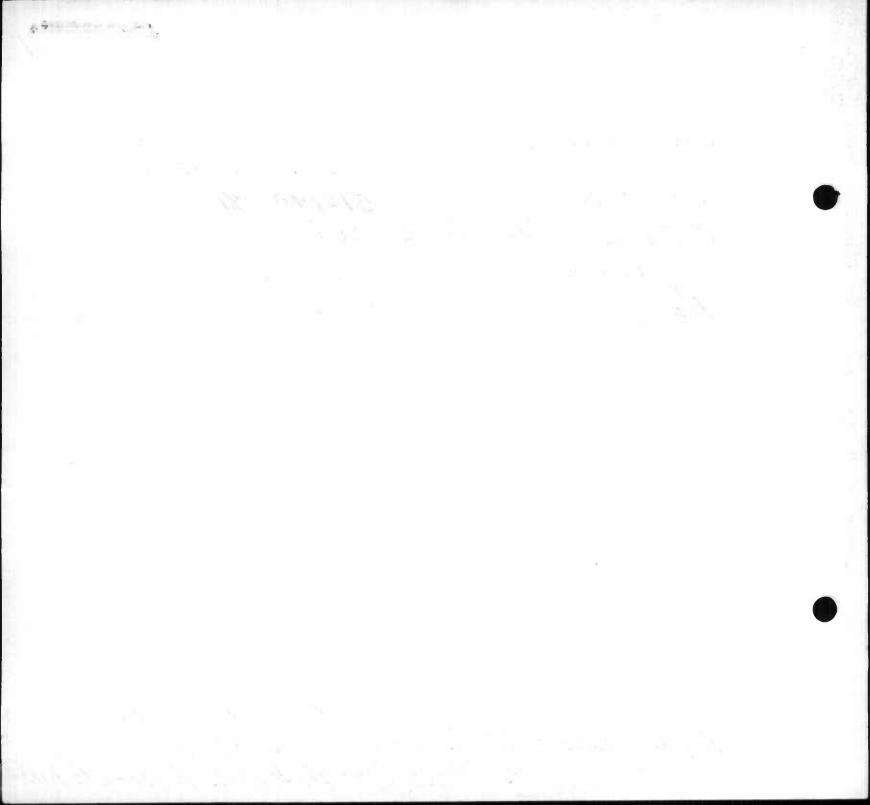


	G-400 71 11820	_	TE OF DEATH	REG. NO. 7	1 11820			
	BIRTH NO. 1. NAME OF DECEASED	CERTIFICA						
	(Type ar Print) CILI GRAOF	Grace Vic	pla Gill 10	ID HOUR OF DEATH	EDED			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED			re deteased lived, If inst	itutian: residence before admission)			
	FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	C. CITY OR TOWN	7 - 0 3	E CITY LIMITS?				
H	25INAI NOSPITA	CARAISC E. STREET AND NUMBER		YES NO DX				
	OF BALTIMORE	-		alt NVR	8. HOME			
	5. SEX 6. RACE 7. MARRIED NE	VER MARRIED DIVORCED	8. DATE OF BIRTH		H Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.			
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN	ESS OR INDUSTRY	nne 22, 1890 11. BIRTHPLACE (State or lare	ign cauntry)	12. CITIZEN OF WHAT COUNTRY?			
JI	dane during mast al warking lile, even il retired) **Romemakex** Own Ha	ome	Maryland		USA			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA					
	Charles Henry Gladfelter		Elizabeth T	albot				
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (II yes, give war or dates of service)	CURITY NO.	17. INFORMANT		ADDRESS			
	No None		Family record	S				
		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAU	SE CA DE	PANCABI				
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	TANCKE.	B WEEKS.					
	ANTECEDENT CAUSES		ATOYA TO	FNAI	MONTHR			
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	MONDME	100 × 100 2			
	nise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	,		·			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
	ODISEASE OR CONDITION GIVEN IN PART 1 (A).	OPERATION	20A-AUTOPSY? (Yes or No	208, IF YES, WERE FIN	DINGS CONSIDERED			
	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
	OR CONTRIBUTING CAUSE OF home, farm, etc.)	OF INJURY (e.g., In foctory, street, olf	or obout 21 C. WHERE DID	(il In Baltimore C	City, give exact lacation)			
	S OF INJURY	Y OCCURRED	21F. HOW DID INJ	URY OCCUR?				
	Work L	Nat While			1			
	22. I certify that (I) (this hospital) attended the deceased from 12 19 10 19							
	that (1) (we) last saw the deceased alive on 17 17 and that in(my) (aur) opinion death occurred on the date							
	and hour and from the courses stated above. (1) (We) (did) (did nat) view the body after death.							
	23A. SIGNATURE	Atten Phys.	ding Med.	Staff .	DATE SIGNED			
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS							
12	AA BURIAL CREMATION, 1248. DATE 1248, NAME OI	DEGREE CEMETERY OF CREA	DIM HI	40212	DJKW.			
	REMOVAL (Specify)			C	lawn, ar caunty) (State)			
2	Burial Dec. 21, 1971 Dulane		25C. FUNERAL DIRECTOR	(o ckeysville	ADDRESS			
	DEC 22 1971 Paled & Falley M.D.	1 146 5	John Burns Sol	rs. Towson. A	aruland			
V	\$ 150-REV. 1/1/68			,	7			

A residual for the second

1 1-525 11/21 This certify the body shows: (1) was D.O.A deceased

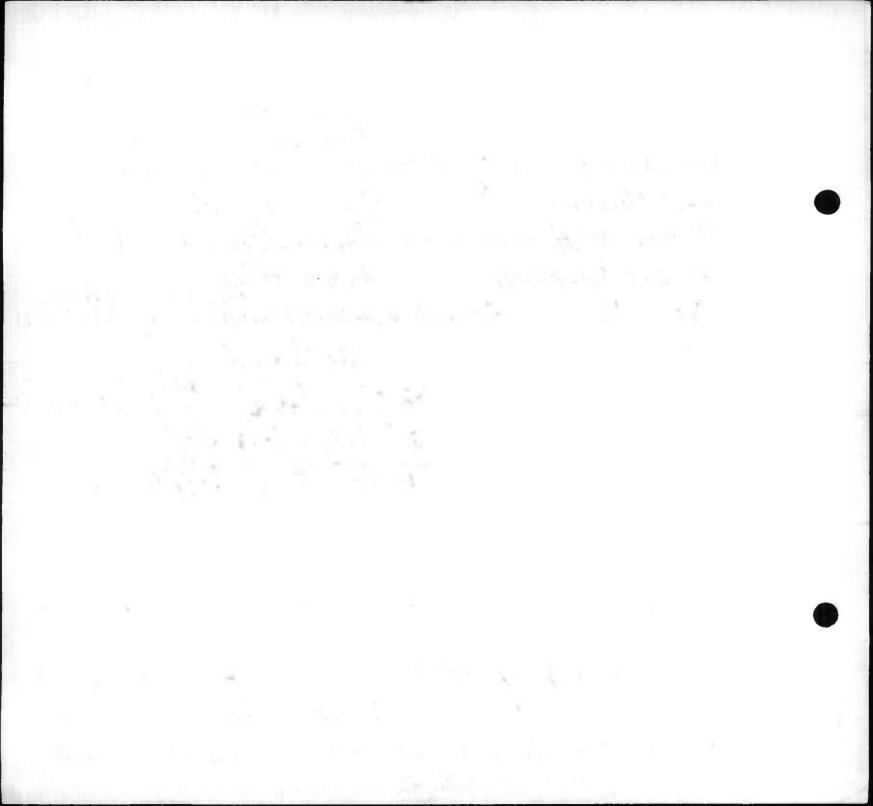
	U-3 2371 11821	HEALTH DEPARTMENT						
	C PUILLICA	TE OF DEATH REG. NO.						
	I.NAME OF DECEASED	7/-//82/						
	(Type or Print) JOHNSON, PERRY	2. DATE AND HOUR OF DEATH						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution residence before admission)						
		IV- 21VIE Pr COUNTI						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND 807						
	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	JOHNS HOPKINS HOSPITAL	BALTIMORE YES NO						
	3 3	E. STREET AND NUMBER						
op		1 1306 N. CHESTER STREET						
made.	MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 His. Months; Days Hours Min.						
is	MALE NEGRO WIDOWED DIVORCED	2/3/90 8/						
_	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
===	Cutodian 4051 OfficE	M F						
osi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
disposition	PERRY JOHNSON	ELLEN DICC						
	15. Was Deceased Ever in U. S. Armed Forces?	ELLEN DIGS						
final	[Tes, no or unknown] [If yes, give wor or dotes of service] SECURITY NO	ADDRESS						
		Mildred Chapman 1306 n. Chester &						
9	18. 15 3 8 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
E	(This does not mean the made of dying, e.g. (A) IMMEDIATE CAUS							
pa	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CONSEQUENCE OF:						
E								
	ANTECEDENT CAUSES (B)							
are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
us	UNDERLYING CONDITION last. (C)							
remains								
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	OF IDISEASE OF COMPITION CIVEN IN DART 1 /41	00000000000000000000000000000000000000						
the character	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
T.	21A, ACCIDENT WAS UNDERLYING 1218 PLACE OF INJURY 102 3							
before	OR CONTRIBUTING! CAUSE OF	or about 21 C. WHERE DID (If in Baltimore City, give exact location) ce bidg, INJURY OCCUR?						
	U Walling							
ained	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	(APPROX.) While At Work							
ă	22. I certify that (I) (this haspital) attended the deceased fram	20 A 10						
0	that (i) (we) lost sow the deceased alive on	19 ta 19						
pe	The state of the s	19and that in(my) (aur) opinion death accurred an the date						
OSI	and hour and fram the causes stated above. (i) (We) (did) (did nat) vie							
E		ling Med. Staff S						
<u> </u>	DEGREE Phys.							
§	23C-PHYSICIAN'S NAME (Type) 23	D. ADDRESS						
d	J. Mal Vuela MI DEGREE	JOHNS HOPKINS HOSPITAL						
0	REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OF CREN							
0	Burial 12/23/11 MT. Contum	Cam. Balto Met						
Written approval must	25A. DATE REC'D BY HEALTH, DEPT 25B. NAME OF REGISTRAR	1259, FUNERAL DIRECTOR ADDRESS						
3	DEC 2 1971 Cobe & E. Jaben M.D.	25G. FUNERAL DIRECTOR ADDRESS 12940 1914						
1	/S 150-REV. 1/1/68	1 July 1 00 cm / 130 ril squars						



BALTIMORE CITY	HEALTH DEPARTMENT

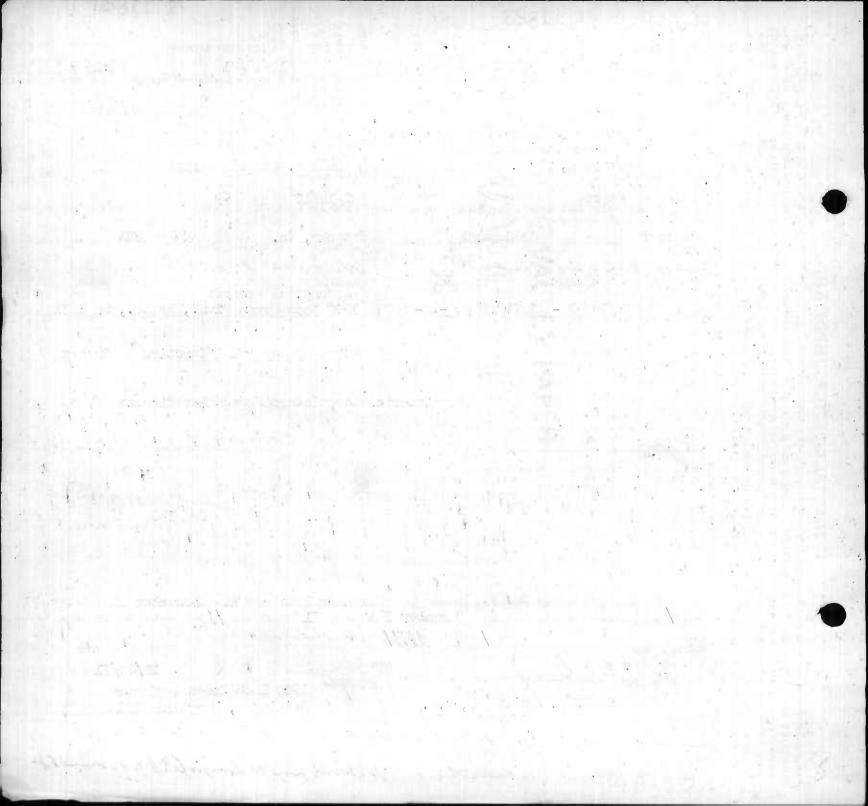
		71	41	.82	2
REG.	NO.	11	16.1	-0~	_

the	BIE	BIRTH NO. 71 11822 CERTIFIC	CATE OF DEATH REG. NO. /1 11820
S	1. P (Ty	1. NAME OF DECEASED (Type or Print) (2007)	2. DATE AND HOUR OF DEATH
nce or	3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RES(DENCE (Where deceased lifed, II' institution: residence before admission) A. STATE B. COUNTY
00	H0	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	CATTA OR TOWN ID INSIDE CITY HMITS?
attend ior to	114	INSTITUTION	D. INSIDE CITY LIMITS? YES M NO
7 0 0	A	MARVLAND CEENERAL HOSPITA	LITION AND NUMBER
gula sed mad	5. :	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
o o	104	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	RY M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAD COUNTRY
dec ition	Z	dane dering most of working life, even if retiredly TOSPITAL ATT. ITAUSEKEEPING	CARROLL COUNTY 71.8.
th was in the disposi	13.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
B 0 -	15. (Ye)	15. Was Daceased Ever in U. S. Armed Farces? (Yes, na ayunknown) Ilf yas, egive war ar datas of service!	17. INFORMANT 1919 MADIS APPRED VE
de nce fina		NO NO 214-16-0536	WARGARET S. MILBERRY BALTO, MI
or		DISEASE OF CONDITION DIRECTLY	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
atte		LEADING TO DEATH	
pro lar lba		heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	manhage & shope
ho regul		ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving DUE TO, OR	Gronic Obstruction hung Ordane
in r		DISEASES OR CONDITIONS, it any, giving DUE TO, OR a rise to the obave couse IA) stoling the UNDERLYING CONDITION last.	hour Electrolett
hysicia In was remain	2		nbolones recolares
phy ian	ATIO	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING F TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN (N PART 1 (A).	vomiting-seff andules.
re the phy physician ore the re	ERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No.) 20B. (F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0 0 0	AL C	U 21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE OF INJURY (e.g. or CONTRIBUTING ☐ CAUSE OF home, form, fociary, sireot, etc.)	office bldg., INJURY OCCUR? (If in Boltimare City, give exact (acotton)
3 0	2	U	21F. HOW DID INJURY OCCUR?
(except w and (6) P obtained		(APPROX.) Wark At War	hile 🗌
-		22. I certify that (1) (this hospital) attended the deceased from that (1) ((we) lost saw the deceased alive on 12/18	19 2/ 19 2/ to //8 19 2/
ospital death) must be		and haur and fram the couses stated obove. (1) (We) (did) (did not)	view the body after deoth.
a hospital to death) al must be			thending Med. Staff Phys. 23B, DATE SIGNED
Latah prior to sproval		23C. PHYSICIAN'S NAME (Typo)	23D. ADDRESS
od p	24A	DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
was D.O.A. at a deceased prior written approv	7 25A	BURIAL 12-2271 ST. FAMES	CEM. NEWNINDSOR MD
ded		DEC 22 1971 Pabe E. Jale	250, FUNERAL DIRECTOR /ADDRESS
	VS	/S 150-REV. 1/1/68	The state of the s



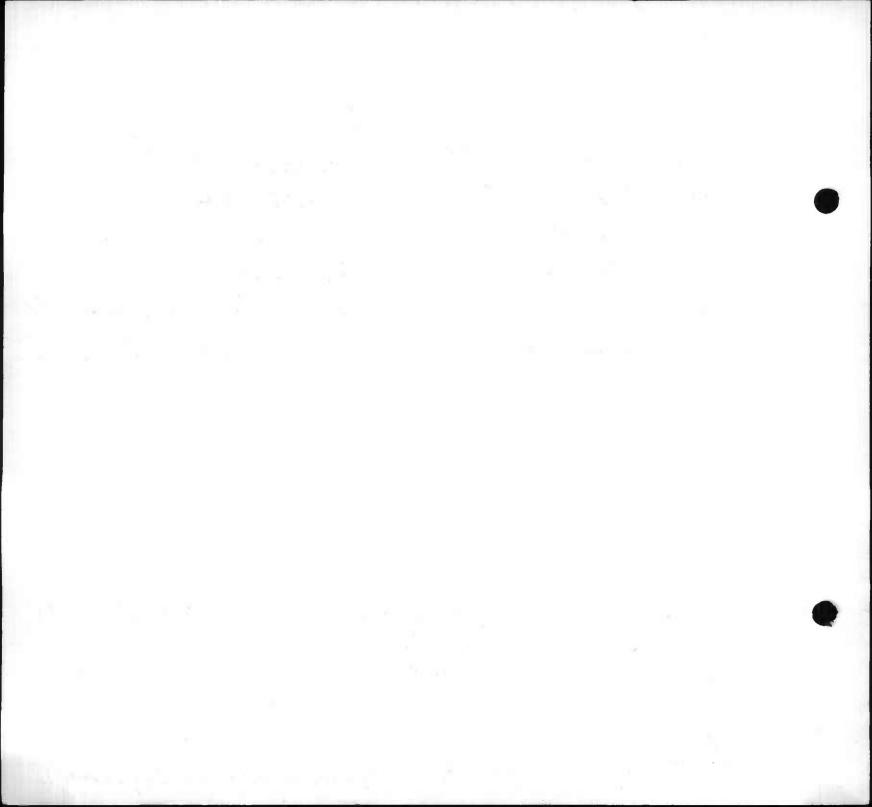
written approval must be obtained before the remains are embalmed or final disposition is made.
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	2 1/2	71 1	1823		BALTIMORE CITY	HEALTH DEPARTM	LENT	13	Lil	820
BIR	14 NO.	12, 1	11040		CERTIFICA	TE OF DEA	TH	REG. NO		
	AME OF DE	CEASED				2. D	ATE AND	HOUR OF DEATH	Н	
	oe or Print)	PHILPOTT,					12/18/	2		8:15 P M
3.	PLACE IN BA	LTIMORE, MARYLAND				A. STATE B	CE (Where d	leceosed lived. If	institution: r	residence before admission)
HC	LL NAME OF	OR ADDRESS OR LOCATION)			N, GIVE STREET	Maryland c. CITY OR TOWN		D. IN	SIDE CITY L	IMITS?
	_ V	eterans Admi				Baltimore			YES X	NO 🗌
C	X-3	3900 Loch Ra Baltimore,						le Street		
5, 5	EX	6. RACE			NEVER MARRIED	B. DATE OF BIRTH		AGE (In years	If Unde	er 1 Yr. , If Under 24 Hrs.
	Male	Negro	WIDOV	=	DIVORCED _	2/14/12		birthdoy)	Months	Doys Hours Min.
		UPATION (Give kind of v		OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign	country)	112, CITI	ZEN OF WHAT COUNTRY?
	labore		shi	pyard		Roanoke, V	a.		US	Α
13.	FATHER'S NA	COLLUS /	P	0 05	7'	Woon		1. +00	,	
	,			011				•		
15. (Yes	Was Deceoses s, no or unknow	d Ever in U. S. Armed	Forces? dotes of servi		SOCIAL SECURITY NO.	VA Hospit	al Rec	ords		ADDRESS
	Yes	10/18/43 -	- 11/20	/45 2	18-12-2699	3900 Loch	Raven	Blvd. H	Balto.	. Md 21218
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heait failure, asthenia, etc. It means the disease, injury of camplicotion which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the abave cause (A) stating the UNDERLYING CONDITION last. (C) CAUSE OF DEATH (A) IMMEDIATE CAUSE Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF: (A) IMMEDIATE CAUSE Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF: (B) Arteriosclerotic Cardio vascular disease YRS. (C)						000000000000000000000000000000000000000			
ATION	TO THE DEA	II IFICANT CONDITIONS ITH BUT NOT RELATED T CONDITION GIVEN IN	O THE TERMIN		.**************************************			• •• • • • • • • • • • • • • • • • • • •		
ERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED			YES	es or No) 2	OB. IF YES, WERE	AUSES OF	CONSIDERED DEATH?		
AL C	D 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i on CONTRIBUTING CAUSE OF home, form, factory, steet, of DEATH (notify medical examiner)				n or obout 21 C. WHERE	E DID CUR?	(If in Boltim	ore City, giv	ve exoct locotion)	
MEDIC	21 D. TIME OF INJURY	(Month) (Doy) (Ye	eor) (Hour)		URY OCCURRED	21 F. HOW I	DID INJUR	Y OCCUR?		
>	(APPROX.) While At Work Not While At Work									
	that () (we	ure Let E. Mans	ased alive	an	December 18 o) (did) (sid holy) D D D D D D D D D D D D D	iew the body after anding Med. birecto 23D. ADDRESS 390	death.	in (n// (our) o	23B. DA 12/20 ouleva	oth occurred on the date TE SIGNED 0/71.
24/	REMOVAL	EMATION, 248 DATE (Specify)	N/71	C. NAME	of CEMETERY OF CR	EMATORY	24D. LOC	wan.	City, to yn,	or county) (Stote)
25/	DATE REC'I	BY HEALTH DEPT.	- 9	ME OF R	1	25C. FUNERAL D	IRECTOR	Ampro 6.	38 n	ADDRESS 17
VS	150 REV./1/1	/6B					Q			



					ı	
e must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	examiner. Also, if the direct or contributing cause of death	accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	a hospital (except where the physician who pronounced death was in regular attendance on the	or to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	val must be obtained before the remains are embalmed or final disposition is made.	(
e must be approved by the chief medical	released to the hospital by a medical	accident of any nature; (2) Body burns; (a hospital (except where the physicia	r to death); and (6) No physician was	val must be obtained before the remain	

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 71 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. PATE AND HOUR OF DEATH (Type or Print) 12055 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? YES A NO 9 BENNETT E. STREET AND NUMBER S. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years Hours Min. Il Under 1 Yc. last birthday WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA 12. CITIZEN OF WHAT COUNTRY? done-during most of working life, even if retired). OTLADUREN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME all Is 1301 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no ar unknown)[III yes, give war or dates of service] 6. SOCIAL ADDRESS SECURITY NO. 18. / CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, il ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20R. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF U 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, office bidg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical exomined) 21 D. TIME (Month) (Doy) (Yearl (Hous 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At | (APPROX) At Work Work 22. I certify that (I) (this hospital) attended the deceased from that (i) (we) last saw the deceased alive on, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23R DATE SIGNED Attending Med. Staff Phys. Director ___ 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) d prio a shows: (1) An D.O.A. was D.O.A deceased p 24A. BURIAL CREMATION, 24D. LOCATION 24B, DAT or CREMATOR (City town, or county REMOVAL (Specily) BY HEALTH 2SC. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

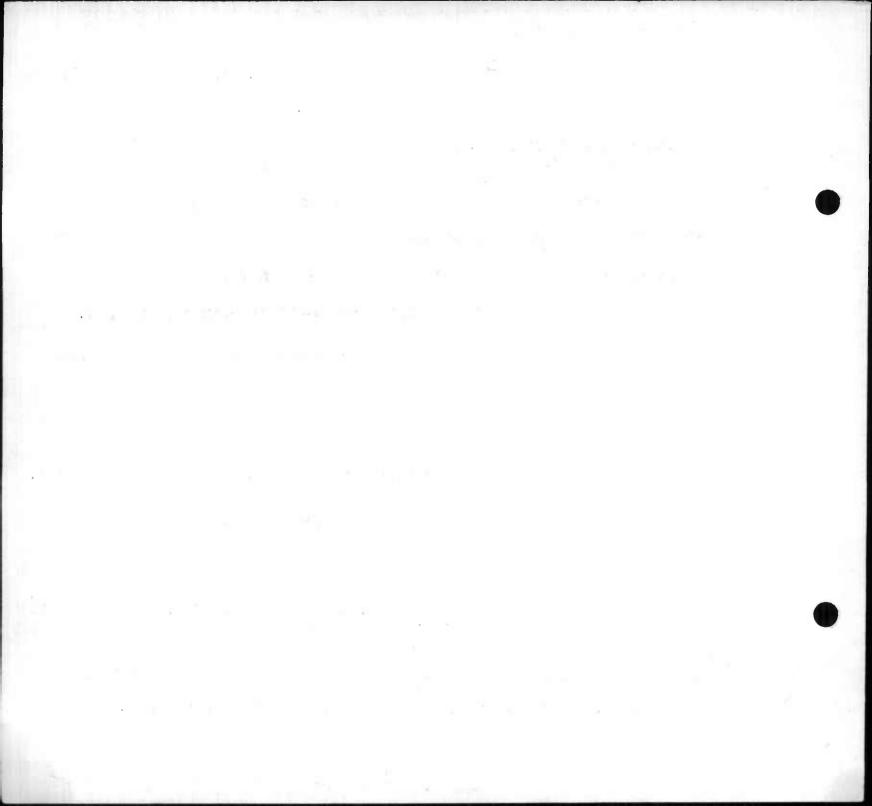
BALTIMORE CITY

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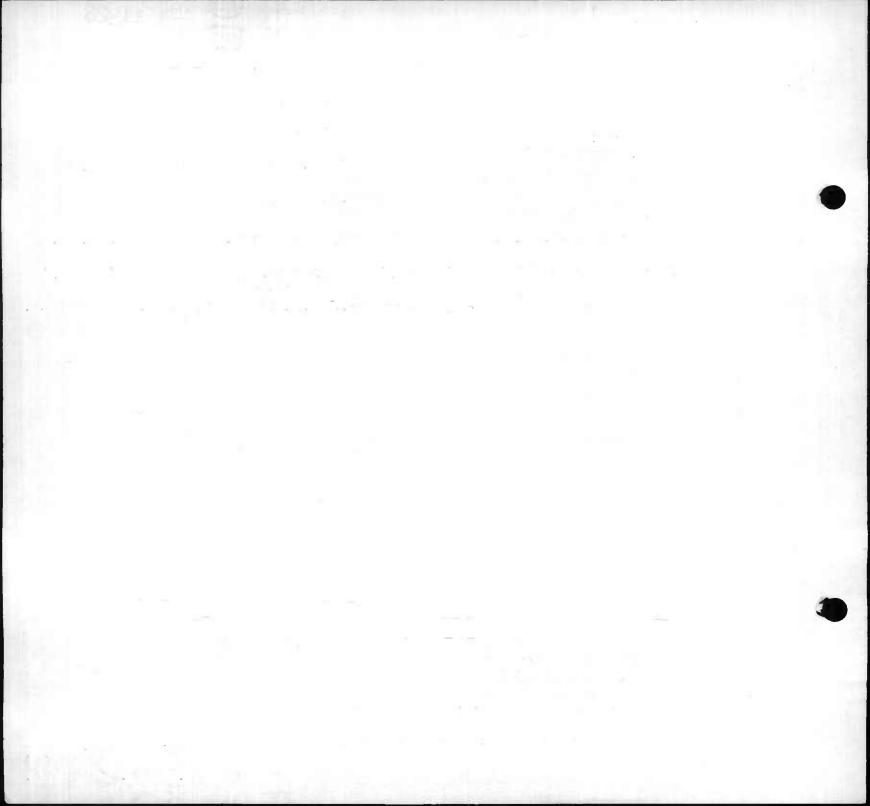
71	11825
NO.	++G/-U

DIKIT NO.	CATE OF DEATH REG. NO.
(Type of Print) ANDREW LAWSON	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	Dec. 20, 1971 2:10 A _M . 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. C. CITY OR TOWN D. INSIDE CITY LIMITS?
US Public Health Service Hospital 3100 Wyman Parkway	Baltimore YES NO DE STREET AND NUMBER 2525 Shirley Ave.
5. SEX 6. RACE 7. MARRIED 2 NEVER MARRIED M Negro WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lif Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
done during most of working file, even if relired) Chauffeur Local State of Companies of Working Sile, even if relired) Freight Ar NE	NC USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Carrie 4/1/
Jessie Lawson 15. Wos Doceased Ever in U. S. Armod Forces? 16. SOCIAL	17. INFORMANT ADDRESS
No No (res, no or unknown) (II yes, give wor or doles of service) SECURITY NO. 215-18-34"	1
18. 4 4 X I CAUSE OF D	EATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Bronchopneumonia Days
This does not mean the mode of dying, e.g., (A) IMMEDIATE	CAUSE RAS A CONSEQUENCE OF:
hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, il any, giving DUE 10, 0 riso to the abave cause (A) stoting the UNDERLYING CONDITION last. (C)	R AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Metasta: TO THE DEATH BUT NOT RELATED TO THE TERMINAL STORMS OR CONDITION GIVEN IN PART 1 (A).	tic carcinoma of rt. lung 3 mos.
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTENENTING TICALISE OF	t office bidg., INJURY OCCUR? (II in Boltimare City, give exect lacotion)
DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) While At Notify Work At V	21F. HOW DID INJURY OCCUR?
22. I certify that (1) (this haspital) attended the deceased fram	Dec. 12 19 71 19 Dec. 20 19 71
that (1) (we) last saw the deceased alive an Dec.	19 71 and that In (my) (aur) apinion death accurred on the date
and haur and fram the causes stated above. (1) (We) (did) (did no	to view the bady after death.
23A, SIGNATURE Kohent & Bellman, MD (Sung) 23C. PHYSICIAN'S	Attending Med. Staff Phys. 12/20/71 23D. ADDRESS
NAME (Type) Robert E. Belliveau, Surg (R)	US PHS Hospital, Balto, Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF BREMOVAL (Specify) 12/28/31 MA A DE UT	CREMATORY 24D. LOCATION (City, town, or county) (State)
DEC 22 BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Tomphysian & Hongo 636 13 grann St
VS 150-REV. 1/1/68	

RGB



BIR	H NO. 71 11826 CERTIFICA	TE OF DEATH REG. NO.	
(Тур	JAMES HORATIO CAMPBELL	7 a.m. 12-21-7	
FUI	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION) TITUTION	4. USUAL RESIDENCE (Where deceosed lived. If in A. STATE B. COUNTY Maryland C. CITY OR TOWN D. INSI	DE CITY LIMITS?
0	Residence: 226 W. Monument Street	Baltimore E. STREET AND NUMBER	YES X NO
5. S	EX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	et 21201 If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
tOA.	ale White WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY be during most of working life, even if retired)	Feb.6, 1904 67	12. CITIZEN OF WHAT COUNTRY
R	etired Civil Eng. U.S. Government	Sunbury, Penna. 14. MOTHER'S MAIDEN NAME	U.S.A.
15. \ (Yes	John Wesley Campbell (Penna.) Was Deceased Ever in U. S. Armed Forces? And or unknown) [Iff yes, give wor or dotes of service] SECURITY NO.	Jennie Bennett 17. INFORMANT Wife:	(Penna.)
	Yes WWII 205-03-3550	Mrs.Jas.H.Campbell,226	W. Monument St.
	(This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES	SE Cirrhosis Decompensated CONSEQUENCE OF:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 Years
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FIN CERTIFYING CAL	SINDINGS CONSIDERED USES OF DEATH?
L CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off DEATH (notify medical examiner)	n or obout 21 C. WHERE DID (If in Boltimore bldg., INJURY OCCUR?	e City, give exoct locotion)
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While At Nork At Work		
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on 9-22-71 and hour and from the causes stated above. (I) (We) (dtd) (did not) v	11-27-08 19 to 9-	nion death occurred on the dot
	23A. SIGNATURE		23 B. DATE SIGNED
	23C. PHYSICIANS NAME (Type) L. Kemper Owens, M.D.	Med. Stoff Phys. 23D. Address 1020 Saint Paul Street	12-22-71
24A	BURIAL CREMATION, REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (C)	ly, town, or county) (State)
		etery Shamokin Da	m, Penna.
	DFC 22 1971 Pole 6 E. Faller, 200	STEWART & MOWEN CO.1	08 W. North Ave.



This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

050	NO	71	11	02
KEG.	NO.			Carried H

1	CERTIFICATE OF DEATH REG. NO. /1 1182/
	NAME OF DECEASED LEGRAND, HATTIE M. 2. DATE AND HOUR OF DEATH LYPE OF PRINTING LEGRAND 8.3 CAMPA 8.3 CAM
3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence belove admission)
	FULL NAME OF ADDRESS OR LOCATIONI OR STITUTION, GIVE STREET ADDRESS OR LOCATIONI C. CITY OR JOHN 1. INSIDE CITY LIMITS?
	Lutheran Hoopital of Maryland E. STREET AND NUMBER 21228.
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) Months; Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole of foreign sountry) 12, CITIZEN OF WHAT COLINTERS
	one during most of working life, even if refired) NOTTA CAVOLON U-S. A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
.	Hrousta heavand UNKNOWN
l di	(es, no ar ynknown) (If yes, give wor or doles at service) NA NA NA NA NA NA NA NA NA N
	18. 4 3 0 0 APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE
	IThis does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)
	ANTECEDENT CAUSES - Typey when
	DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stating the UNDERLYING CONDITION lost. (B) DUE TO, OR AS A CONSEQUENCE OF: A CONSEQUENC
ATTOM	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Centier	199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
AED	
	Work At Work
	that (1) (we) last saw the deceased olive on 2 19 and that In (my) (aur) apinion death occurred an the date
	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	23A. SIGNATURE 23B. DATE SIGNED (2 - 24) - 21
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS NAME (Type) 23D. ADDRESS NAME (Type)
24	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D LOCATION (City, lawn, or county) (State)
1	Surial 12-23-71 Hebutus Mem PK, Daltimore, Md
	DFC 22 191 Police & Valley M.D. XIVELDING DY ett F. H 1701-hauren

1	M-250	371	1182 MED	8 ICAI	E	BALTIMORE CITY HE	ALTH DEPAR	TMENT	OF DE	ATH '71	11	828	
BI	RTH NO.		MILD	ICAI	/	WILL S	TKIIII	CATE	OF DEA	REG. NO.	adla offic	9~0	
	NAME OF DEC	JOE					2. DATE OF	Known	☐ Mont	h Doy	Year		
4.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE P	RONO	UNCED DEAD	3. DATE		Mont	h Day	Yea	Hour	М,
H	ULL NAME OF DSPITAL R INSTITUTION	(IF NO	T IN HOSPITA	L OR INS	וועזור	ON, GIVE STREET		INCED DEA	Decer	mber 18,19	71	1 5:45 A	. м.
	North Cha	rlos C	on orea 1	IIo		.1	A. STATE			ed lived. If Institution B. COUNTY	n: residen	before odmis	slan)
_	SEX	7. RACE	enerar				C. CITY OR	Mary la	ind	In Dicine		10	-5
	Male	Negr	0		_	NEVER MARRIED				D. INSIDE C			
9	DATE OF BIRTI		IIO AGE (In	WIDON		DIVORCED Lider 1 Yr. It Under 24 Hrs.	Balti		ED	Y	ES 🔼	NO	
	7-22-17		lost birthday	54	Mont	s Days Haurs Min.			eld Roa	rd.			
11.	BIRTHPLACE (S					TIZEN OF	13. FATHER						
	Newberr	y, S.	C.		, A	HAT COUNTRY?	Joe M	cMorri	s, Sr.				
14	A-USUAL OCCU	PATION (Give	e kind of work	14B. KINI	OF B	USINESS OR INDUSTRY	15. MOTHER	'S MAIDEN	INAME				
		orking the ev	on arcines)	Ab	ex	Company	Fanni	e Hend	erson				
16.	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL	18. INFORM	ANT		A	DDRESS		
	Yes, No	v, 43-Ma	ar 46		1	247-32-2841	Beatr	ice Ma	Morris	4411 Wak	efiel	d Raod	
	19.	87	X			CAUSE OF DEA	TH				as	APPROXIMATE IN	
	DISEAS	E OR COND	MON DIREC	TLY		Pulmona	ry Embo	lism					
	1 .	LEADING TO				(A)IMMEDIATE C	AUSE						
	heart follure,	of meon the asthenia, etc.	mode of dyl	disease,			S A CONSEQ	UENCE OF:					
	injury or com	plication which	h coused dea	th.)									
		TECEDENT !				Phleb	othromb	osis o	f Popli	teal Vein	s		
	DISEASES O	ABOVE CAL	ONS, IF ANY	GIVING		DUE TO, OR	AS A CONSEC	UENCE OF:					
z	I UNDEKTAIN	G CONDITI	ON LAST.			(c) Fract	re of	Ribs					
은			11										
CERTIFICATION	OTHER SIGN TO THE DEA	IFICANT CON	RELATED TO	THE TERM	INAL								
RTIF	20A. DATE OF	CONDITION				VHICH OPERATION WA	C DEDECTA	ED.			103 015	CORCUM /V	- 11-1
CE		OI BILATION	200. CO.	DIIIOI	rok y	TRICH OPERATION TO	S PERFORM	EU			21. AU	OPSY7 (Yes o	r Na)
AL	22A. EXTERI	NAL CAUSE	WAS		22R. ÞI	LACE OF INJURY(la as about 2	C WHERE	DID (161- 8-16	terrana Cita at a sa	-11	yes	
MEDICAL	UNDERLYING	GOR CONT	TRIB-		home,	torm, lactory, street, affici	bldg., etc.)[i]	UURY OCC	UR?		act tomitor	160	4
ME	22D. TIME		TH. (Year) (Hou	1 22	A DEX			D INJURY O	er Street		1.00	
	OF INJURY	1-30-7		?	W	HILE AT NOT	WHILE TO	Inknown		CCORF			
	23.	.1-30-7	1	•	m. W	ORK AT W	ORK	IIICIIOWII					
	l certi	fy that I he	ald on Ir	quiry [Inspection Aut	opsy k	and that	on this bas	is, death in my	oninion		
		ed from: N		protection of the last of the		cident X Suicid		micide 🗌		mined manner	-		
			7	10	7	7.1			CAL EXAMIN				
	ACTUAL	pr // 6	wed	1	1/	200	ASSIS		CAL EXAMIN			DATE SIGN	ED
	SIGNATU EXAMINE NAME (T	R'S R	onald	N. Ke	ornt	lum, M. D.			CAL EXAMIN			L2/19/71	
24	A. BURIAL CREA	LATION. 12	4B. DATE		24C	NAME of CEMETERY	or CREMATO	RY I	24D, LOCATI	ON (City, town			
KE	MOVAL (Specifi Burial		12-22-7	1		Mt. Auburn				imore, Mai			
25	A. DATE REC'D				AME	F REGISTRAR		UNERAL DI	RECTOR		DDRESS	<u> </u>	
	DECZ	L III	M. Gar	18,	Ta.	A31 40	Mor	ton & [Oyett F	. н. 1701	Laur	ens St.	
VS	151-REV. 1/1/68	NS	507	19	eurg 8	1000) (] {	3 0	J				P

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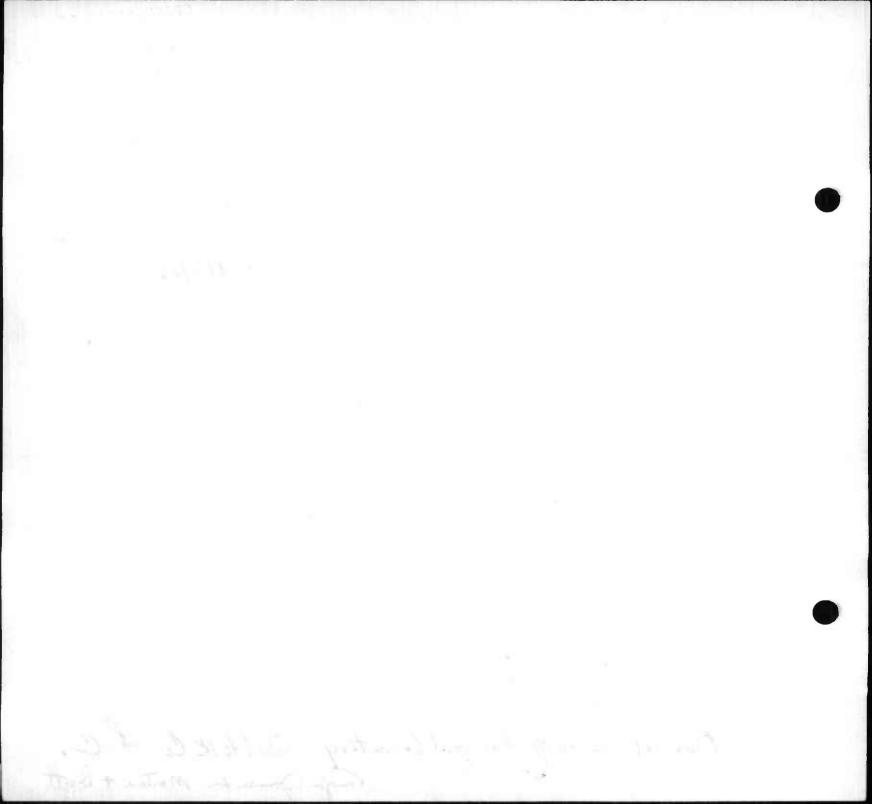
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

11	2 (5)			BALTIMORE CIT	Y HEALTH DEPA	RTMENT		NN . QI	FAILE 7	
RI	S - /3 0	71 11	829	CERTIFICA	TE OF D	EATH	REG. NO.R.		**************************************	Û I = I
	NAME OF DECE	ASED					ND HOUR OF DEATH	HURWI	TZ	110
(T	ype or Print) 5	PANN	01	EHIU			20-71 YA.	ul.	ed in	4
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RES		ere deceased lived. If in		idence belore odm	nission!
FI	JLL NAME OF OSPITAL OR	ADDRESS OF LOCA	AL OR INST	TITUTION, GIVE STREET	1345	70.	D. INSI		151	3
IN	I STITLITIO N			MARYLAND	C. CITY OR TO	MN	D. INSI			
	HOSP	res (/ /	07	CONK / CITE	E. STREET AND	AUMARER		YES 🔀	NO 🗌	
	2.0				2851		n SPRIN	6 4	HNE	
5.		. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIR		9. AGE (In years lost birthdov)	If Under	1 Yr. II Under 2 Doys Hours /	24 Hrs.
		BLACK	WIDOWE		10-9		37			
do	A, USUAL OCCUP ne during most of wo	ATION (Give kind of work brking life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or lore	eign country)	12. CITIZE	N OF WHAT CO	UNTRYT
			HOU	USEVVIFE	500	TH.	CAROLINA		4.S.A	_
13.	FATHER'S NAM	E			14. MOTHER'S					
	JON.	ATHAN	EULL	woon	H	ANNI	+ H Mille			
15.	Was Deceased E	ver In U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMAN		1-11/6		ADDRESS	
11116	NO OF WHICHOWAY	If yes, give war at date	s of service	SECURITY NO.	5	ELF				
-	118.	73.1		CAUSE OF DEAT	<u> </u>				APPROXIMATE INTE	7014.4.5
	DISEASE	OR CONDITION DI	ECTI V	CAUSE OF BEAT	п			ВЕ	TWEEN ONSET AND	
		EADING TO DEATH	CILI	4	ne hiyo	CARD	THE INF	41807	24 11	20
	(This does not	mean the made of sthenia, etc. 11 means	dying, e.		A CONSEQUENCE	E OF:			- / / / /	120.
		icalian which caused		e,						
	An	TECEDENT CAUSES		(0)	ASCU	0				
	DISEASES OR	CONDITIONS, if	any, givin	(B) DUE TO, OR AS	A CONSEQUENCE	E OF:				remande (04)
		abave cause (A) CONDITION last.	stating th	(C)						
		11	-				************************			
Z	OTHER SIGNIFIC	ANT CONDITIONS COL	NTRIBUTING	i d	enter	Ne.	12.			
ATIO	DISEASE OR COL	BUT NOT RELATED TO THE	T 1 (A).	***************						10-00-00
ERTIFIC	19A. DATE OF O	PERATION 198, CON	DITION FOR	WHICH OPERATION	20A. AUTOPS	Y7 (Yes or Ne	ON CERTIFYING CAU	INDINGS C	ONSIDERED	
ERT	0				N	0	III GERIII IIII GAG	303 01 01		
AL C	OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF	21 he	IS PLACE OF INJURY (e.g., i			(If In Boltimore	City, give	exact location)	
110	DEATH Inotify m			c.)						
MEDI	21 D. TIME (/	Month! (Day) (Year!		E INJURY OCCURRED		INI DID WC	URY OCCUR?			
~	(APPROX.)		, w	/hile At Not While At Work	• 🗆					
	22. I certify th	at (1) (this hospital) attended	the deceased fram	12 1	>	19 <u>7/</u> ta	12.	- 20 197	1
	that (I) (we) Id	st saw the decease	d alive an	12-2	<u>0 19 7</u>		at In(my) (aur) apIn			
	and haur and f	ram the causes stat	ed abave.	(I) (We) (dId) (dId nat) v	lew the bady a	fter death.				
	23A. SIGNATURE		0.2					238. DATE	SIGNED	
	Their	ut. Cas	elles	MI.O. DEGREE Phys	nding M	ed.	Staff Phys.	17	20-71	,
1	23C PHYSICIAN'	S			23D. ADDRESS				20 /1	
11	JAIL		4 SEC	CAT MIN.	UNIVE	12517	y HOSPI	T/1 C		
24/	BURIAL CREM	ATION, 248, DATE		NAME of CEMETERY OF CRE	MATORY	24D. L	OCATION (City	, town, or	of Introduction	lotel
	REMOVAL (Spe	1 25 71	71 1	Luad /b	ton	5	1/100	_1	0	
25/	A. DATE REC'D B	Y HEALTH DEPT.	25B NAME	OF REGISTRAR	25C. FILMED A	L DIRECTOR	LITOIR CO	/	ADDRESS	
	DFC 22		C Va S	ATE WE	1	DIRECTOR	1	1	A A	1
VS	150-REV. 1/1/68	1911			Yanga	- Jay	nes for M	mon	T Duel	_



J-63	5 71 1	1830		TE OF DEA		NO.1	11830
NAME OF DEC	CEASED			2. 0	DATE AND HOUR OF	DEATH	10
Type or Print)	JORDAN		ie Raymond	4. USUAL RESIDENCE	12/19/71 CE (Where deceased)	lived. If ins	1 4:50 A M.
FULL NAME OF		AL OR INSTI	TUTION, GIVE STREET	Maryland	B. COUNTY		1504
INSTITUTION	Veterans Admi	nistra	tion Hospital	C. CITY OR TOWN		D. INSID	DE CITY LIMITS?
23	3900 Loch Ray Baltimore, Ma	ren Blv	đ	Baltimore E. STREET AND NU 2301 Pul	mber aski Street		YES 🔀 NO 🗌
. SEX	6. RACE			B. DATE OF BIRTH	9. AGE (In y		It Under 1 Yr. , If Under 24 Hrs.
30.	or RAGE		NEVER MARRIED		lost birthday)		Months Days Hours Min.
Male	Negro	WIDOWED	DIVORCED DIVORCED DIVORCED DIVORCED	2-2-96	o or foreign country)	15	12. CITIZEN OF WHAT COUNTRY
	working life, even it retired)	IOB. KIND C	L BOSINESS OK INDOSIKI		e or lateign country!		
Chef		Rest	ruant	Virginia			U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIL	DEN NAME		
John W.	Jordan			Ida F. Ge	ntry		
5. Was Decease	d Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	Rec	ords	ADDRESS
-	7-19-18 to		SECURITY NO. 215-03-8222	VAH 3900			, Balto., Md. 2121
Yes	7-19-18 60 /	2-17-17	CAUSE OF DEAT		20011 144 011	22,40.4	APPROXIMATE INTERVAL
0 7	SE OR CONDITION DI	RECTLY	CAUSE OF DEAT				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	1	(A) IMMEDIATE CAL	ISE Theumo	nio		2 day
	nol mean the mode of , asthenio, etc. It meons		DUE TO OR AS	A CONSEQUENCE OF:	**********************		
	mplication which coused				- /-		
	ANTECEDENT CAUSES		in Gram	necotive.	Scott Scomia		1 week
DISEASES	OR CONDITIONS, il	any, giving	DUE TO, OR AS	A CONSEQUENCE OF	Fi. /.		
	ne obove couse (A) G CONDITION lost.	stoting the	(c) Urman	Tract Ing	kethor E ING	wellen;	Folgy &BPH
7	E II			1-11	1011		
TO THE DEA	FICANT CONDITIONS CO. TH BUT NOT RELATED TO T	HE TERMINAL	& wholes	ASHV da	CVA		
	F OPERATION TYPE CON		WHICH OPERATION	20 A. AUTOPSY? (Y	es or No) 20B. IF YE	S, WERE FI	INDINGS CONSIDERED
19A.DATE O	WAS PER			NO	IN CERTIF	YING CAU	SES OF DEATH?
OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF	21 ho	B. PLACE OF INJURY (e.g., i me, torm, toctory, street, o	n or obout 21C. WHERI ffice bldg., INJURY OC	E DID (IF i	in Boltimore	City, give exoct location)
21 D. TIME	(Month) (Day) (Year)	(Hour) 21	E, INJURY OCCURRED	21 F MOW	DID INJURY OCCUI	27	
OF INJURY	(Monini) (Day) (190)	w	hile At Not While	e	DID INJURY OCCU	A.	
22 Leastify	that Off (this basnital) attended	the deceased fram	Doggmher 8	10 71 +-	Dec	ember 19, 19 71
							Ian death occurred on the date
						(aur) opin	ian death occurred on the date
		ted above.	(M. (Me) (qiq) (MINCHAR)	riew the bady after	death.		
23A. SIGNAT	URE	1//	11 -	c — W.1			238. DATE SIGNED
	11111100	Wug	DEGREE Phy	ending Med. s. Directo	or Staff Phys.		12-19-71
23C. PHYSICIA		1	o a o na a	23D. ADDRESS			
MAI	A CONTRACT	M.D.		3900 Loch H	Raven Blvd.	Balto	., Md. 21218
4A. BURIAL CRI	EMATION, 248. DATE		DEGREE		24D. LOCATION		y, town, or county) (State)
Burial	12-23-7	1	Mt. Auburn Cer	metery	Baltimo	re. Ma	ryland
	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL D			ADDRESS
DEC 22	TOTA POSER &	Park.	OCAN		DYETT FUNE	RAIDAFE	RECTORS
S-150-REV. 1/1/	/68			1 1 0 0	£.3		

uri] : 1-2-7 t. u urn duct-r/ !ti ro, r/. n

THE RESIDENCE FOR THE PARTY OF

THE LOW SERVING

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
-+ 0 > 0 >	L

J-525 71 11831	_	HEALTH DEPARTMENT	REG. NO.	71 11831
BIRTH NO. 1. NAME OF DECEASED	CERTIFICA	TE OF DEATH	V- 500	
(Type or Print)	· Vensa	2. DATE A	ND HOUR OF DEATH	013
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	MICI W	II III III III III III III III III III	20/71	4.35 p.m.
THE PARTY OF MARIENAD, WHERE P	ONOUNCED DEAD	A. STATE B. COU	ere deceased lived, II in NTY	nstitution: residence before a mission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Md		1402
INSTITUTION ADDRESS OF LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
South Bulliance 6	mare Work to	BOLTING.	e	YES NO
South Pacimore	- wastre	E. STREET AND NUMBER	1	. 14
		1/23 Den	4 SY/Vem	e Aue
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
	WED DIVORCED	2-9-07	64 W	Totals Doys Hours Totals
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN fore during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeur		Ga		11 50
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	MF	W. JAI
11/21/2 / 12		1/41	1	_
5. Was Deceased Ever in U. S. Armed Forces?	114 50014	Vrola	FILDY.	
Yes, no ar unknown) lif yes, give war or dates of serv	lce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	2	Vilmington Del
	258-09-2765	Proveline (AWNOW -S	308-WEHST
18. / 6 2 / 1	CAUSE OF DEAT		CITIVITO II	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0	1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE KREYNING	my Faile	CVE -
(This does not meen the mode of dying, heart failure, osthenia, etc. it means the disc	P.O.	CONSEQUENCE OF:		
injury or camplicalian which caused death.)	1	00 0		
ANTECEDENT CAUSES	in Oet	all Cal	Mua.	
DISEASES OR CONDITIONS, il any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	X	
rise to the above cause (A) stating UNDERLYING CONDITION last.			0	
	(C)	**************************		************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERM!	VAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 119B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	OR WHICH OPERATION	20A. AUTOPSY? IYes or No	DI 208 IF YES WERE	FINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTION TO A STATE OF	218 PLACE OF INJURY le.g., in	or about 21C. WHERE DID	(II In Baltimare	City, give exoct lacotion)
DEATH (natify medical exomined) 21D-TIME (Month) IDay) (Year) (Hour) OF INJURY	hame, form, factory, street, of	ice bldg., INJURY OCCUR?	§	
21D-YIME (Month) [Day) (Year) (Hour)	21E INJURY OCCURRED	215 POW 515 ***	1100	
OF INJURY	While At Not While	21F. HOW DID INJ	UKY OCCUR?	
(APPROX)	Work At Work			
22. I certify that (1) (this hospital) attend	ed the deceased from	19/11	19 //to/ d	1/20/11/19/1
that (i) (we) lost saw the deceased alive			at In(my) (our) only	nion death occurred on the date
ond hour and from the couses stated abov	e. (1) (We) (did) (did nes) ad		Juliani Josef obit	agent occorted on the data
23A. SIGNATURE	() (and (and mor) vi	an the body offer dedin.		23B, DATE SIGNED
Mickey	Alter	ding Med.	Staff 🔽	12/2-/-
23C. PHYSICIAN'S	DEGREE Phys.	Director L	Staff Phys.	14/20/71
23C. PHYSICIAN'S NAME (Type)	16011	3D. ADDRESS	Character	The seal though
D1 (656)	DEGREE	> LC 1/1 "TO	7, 200	The state of the s
REMOVAL (Specily) 248. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION ICH	y, tawn, ar county) (State)
Duvipl 12-25-711	Ut Huburnil	erne Di	n/Lunnie	Mid
	AE OF REGISTRAR	25G. FUNERAL DIRECTOR	ZIT IVNOVE	ADDRESS
DEC 22 1971 Pale & Sal	ien ALD	Moreton-	Dutt	I indi how was
C 51-86V, 1/1/48		I WILLIAM T	JYEII I	C THE MITCHES

Leaves 1 - Day 14 A Tr. Comment Like

the death Deceased uo a hospital eath. of ance (2) Cause Ū cause; attend 9 prior contributing occurred etermined regular deceased isposition = OF (4) Und Was the direct assistant 0 death TO final attendance any pronounced 0 embaimed gular 9 4 are physician the remains Was physician Body the 8 before the any nature; (2) where to the hospital 2 N obtained 9 approved (except and death); pe accident of hospital was released must 0 approval 5 prior at shows: (1) Awas D.O.A. pespese he body written shows:

VS 150-REV. 1/1/68

-656 71 11832 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 119 lunner 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceased lived. Il institution: residence before A. STATE B. COUNTY md (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? BAITIMORE NO HOSPITAL E. STREET AND NUMBER Meurse 5. SEX 6. RACE 9. AGE (In years MARRIED NEVER MARRIED B. DATE OF BIRTH If Under 24 Hrs. Il Under 1 Ye. Hours Nagno m WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces?
[Yes.no or unknown] (If yes, give wor or dates of service) 6. SOCIAL ADDRESS SECURITY NO. 17-09-0302 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Widespiery metasiatic LEADING TO DEATH (A) IMMEDIATE CAUSE CANCINOMA (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which caused death.) ANTECEDENT CAUSES CARCINOMA of Esophazus
DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) sloting the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, foctory, street, affice bldg., INJURY OCCUR? (Il In Baltimare City, give exact location) MEDICAL DEATH (natify medical examiner) 21D. TIME (Month! (Day) (Year! (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work 22. I certify that (1) (this haspital) attended the deceased fram. 12/13 that (i) (we) last saw the deceased alive an_ and that in (my) -(our) apinion death accurred an the date and haur and from the causes stated above. (!) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 & DATE SIGNED Attending [Med. Staff ona, Phys. Director L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) ent 0 244 BURIAL CREMATION. CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) HEALTH DEPT 258. NAME OF REGISTRAR Jacke.

The state of the s

spital and of death

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

M-242 71 11833 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71	11833
1. NAME OF DECEASED (Type or Print)	15
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution and a state of the sta	on: residence before odmissign)
Maryland Talbott	7000
INSTITUTION 4940 Eastern Ave. Baltimore, Md. C.CITY OR TOWN D. INSIDE CIT	
BALTIMORE CITY 21224 E. STREET AND NUMBER	□ NO 【
HOSPITALS St. Michaels TAL.	MD 21663
Male B Negro WIDOWED DIVORCED 12.4.71	nder 1 Yr. If Under 24 Hrs. Haurs Min.
IOA. USUAL OCCUPATION (Give kind of wark 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar (oreign country) dame during mast of warking life, even if refired)	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	U54
13. FATHER'S NAME	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADAD FOR A CLEAN	ADDRESS
(Yes, no or unknown) (III yes, give war ar dates at service) SECURITY NO. 17. INFORMANT 4940 Eastern Ave. BCH Records: Baltimore, Md. 2	•
18. 7 7 4. 9 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE HYPER BILIR UBINE MIA	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, astheria, etc. it means the disease,	
injusy at camplication which caused death.)	.01
ANTECEDENT CAUSES DISEASES OR CONDITIONS, II any, giving DUE TO, OR AS A CONSEQUENCE OF:	enars,
nise to the above couse (A) stating the	
UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE SIGNIFICANT CONDITIONS	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF No.	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, diffice bidg., INJURY OCCUR?	Yes give exact locotion)
Q 21D-TIME (Manth) (Dayl (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Not While At Work	1.6
22. I certify that (1) (this hospital) attended the deceased from 12/6/71 PM 19 to 12/6/71	6 pm 19 71
that (1) (we) lost saw the deceased olive on 12 6 71 6 18 20 and that In(my) (our) apinion deceased	eath accurred on the date
and hour and from the couses stated abave. (1) (We) (did) (did nat) view the bady after death.	DATE SIGNED
MO Attending Med. Stoff 1	2-6-71
23C. PHYSICIAN'S NAME (Type) O. JAMES 23D. ADDRESS Cuty Hosh	tals
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION V. 15th. Aug.	Baltimore, Md.
Cremation /215/7/ Baltimore City Hospitals Baltimore, Marylan	
DEC 22 1971 Pales E. Valles M.D. 25C. FUNERAL HOSPITAL DISPOS	ALADDRESS

VS 150-REV. 1/1/68

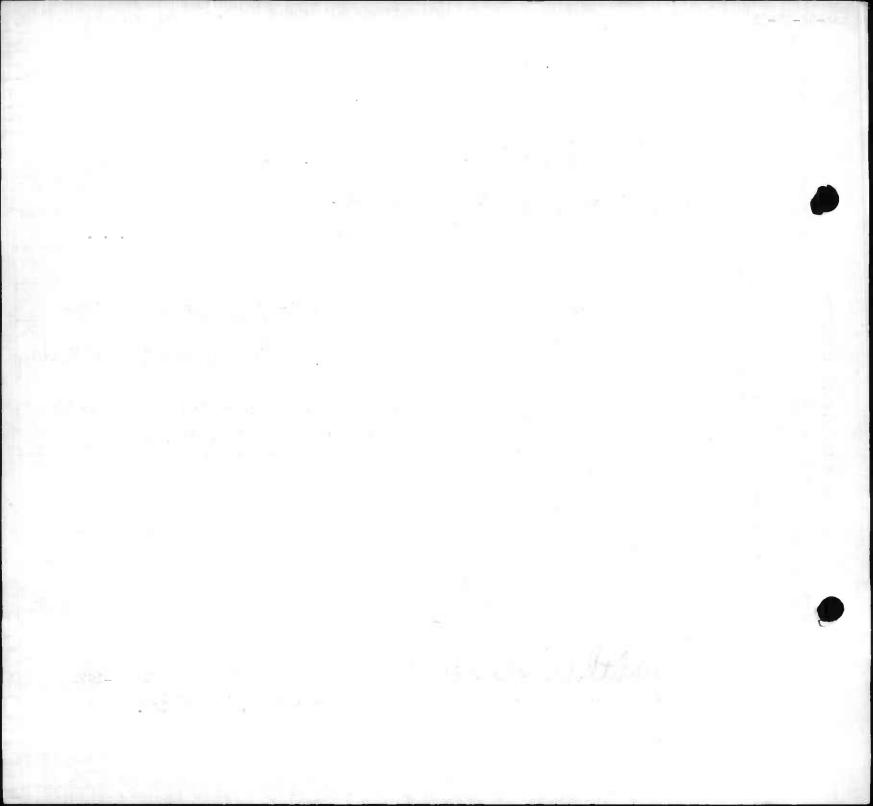
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALT	H DEPARTMENT
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REG.	NO.	71	1	18	34
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	P620	BALTIMORE CITY	HEALTH DEPARTMENT	71	44004			
	віктн No. 1 11834	CERTIFICA	TE OF DEATH	REG. NO. 71	TTXQq			
	1. NAME OF DECEASED Typo or Print) Ida Beil P	100.	2. DATE ANI	D HOUR OF PEATH	1 615			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION		4. USUAL RESIDENCE IWhere A. STATE B. COUNT	e deceased lived, If insti TY	tutian: residence before admission)			
	HOSPITAL OR ADDRESS OR LOCATIONI INSTITUTION Baltimore City Hospitals		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?			
	4940 Eastern Avenue		Baltimore E. STREET AND NUMBER	Y	res 🔀 NO			
	Baltimore, Maryland 2122	24		te Street	21231			
		EVER MARRIED	8. DATE OF BIRTH 9	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.			
	Female Negro WIDOWED X	DIVORCED [5-10-1910	61				
	IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during most of working life, even if retired)	INESS OR INDUSTRY	11. BIRTHPLACE (Stole of loreign	gn country)	12. CITIZEN OF WHAT COUNTRY?			
	13 FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	0.00.00			
		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	m	a sa mana	Records: BCH-494	O Eastern Ave	enue 21224			
	16.427.01	CAUSE OF DEATH			APPROXIMATE INTERVAL			
I	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Diams	- (1.15	1 31/2 0/20			
I	(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	oy come	7 2 15040			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	1	0	1	1 - 0			
II	ANTECEDENT CAUSES	a Xbus 1	a Cougesting Agrost molecule					
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	1-00				
	rise in the above cause (A) stating the UNDERLYING CONDITION last.	(c)	+ pulmen	aly ede	Ma			
	2			()				
-11	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			0				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	H OPERATION	20A. AUTOPSYS (Yes of No)		DINGS CONSIDERED			
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED		NO	IN CERTIFYING CAUSE	ES OF DEATH?			
	OR CONTREUTING CAUSE OF home, for DEATH (notify medical examined	CE OF INJURY (e.g., in m, foctory, street, off	ice bldg., INJURY OCCUR?	(If In Boltimore C	ity, give exoct location)			
-11	OF INJURY	RY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
	(APPROX.) White At	Not White						
	22. I certify that (1) (this hospital) attended the de	ceosed from	12-14 19	71_10_12-20-	19 71			
	that (i) (we) lost sow the deceased alive on12	2-20-	19 <u>71</u> and the	t in(my) (our) opinlo	n death occurred on the date			
	ond-hour and from the causes, stoted above. (i) (We) (did) (did not) view the body after deoth.							
1	23A. SIGNATURE 23B. DATE SIGNED							
	A WOUND WILLS	DEGREE Phys.	Director Lad P	hys. X	12-20-1971			
	23C.PHYSCIANS NAME Type Judith Wisneski	12	30. ADDRESS 1940 Eastern Ave	e City Hespit				
	24A. BURIAL CREMATION, 24B. DATE 249 NAME REMOVAL (Specify)	CEMETERY of CRE			lown, ar county) (State)?			
	Bur 2 12-24-91 MH	When	Cost 1	5/11/1	mes			
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE		25C. FUNERAL DIRECTOR	2	ADDRESS			
	DEC 22 1971 Paper E. Jack	Seal LED.	WWW MARK	1000/300	mlly k			
١.	/\$ 150-REV. 1/1/68	· · · · · · · · · · · · · · · · · · ·						



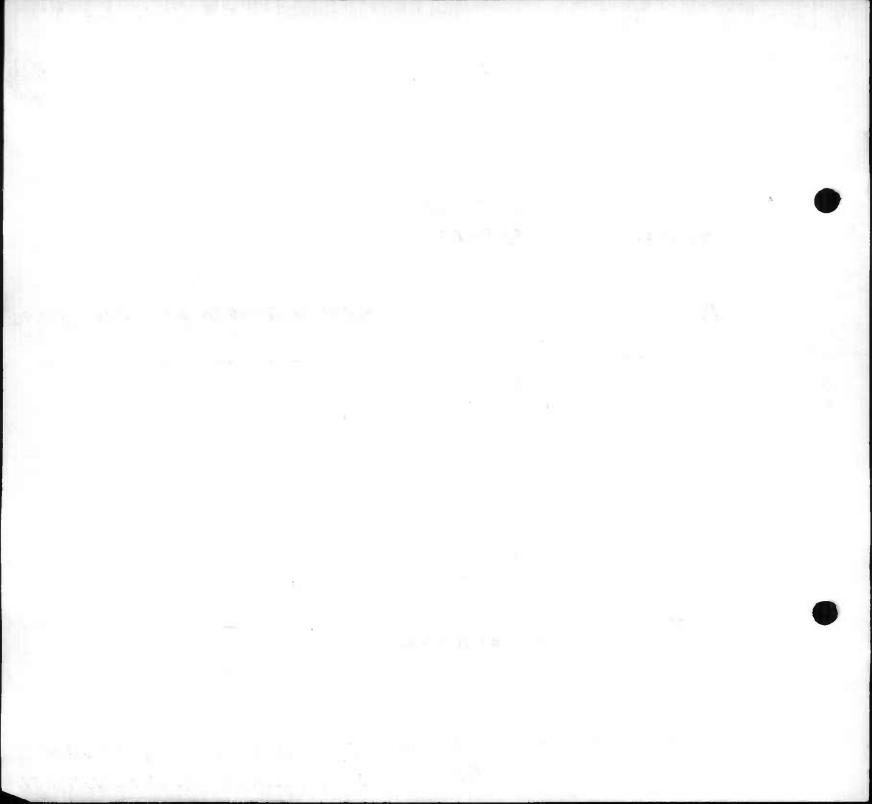
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1	li line s	1.4.0	BALTIMOR
P @	71	11835	CERTIF
¥ 70	BIRTH NO.		0=1(11)

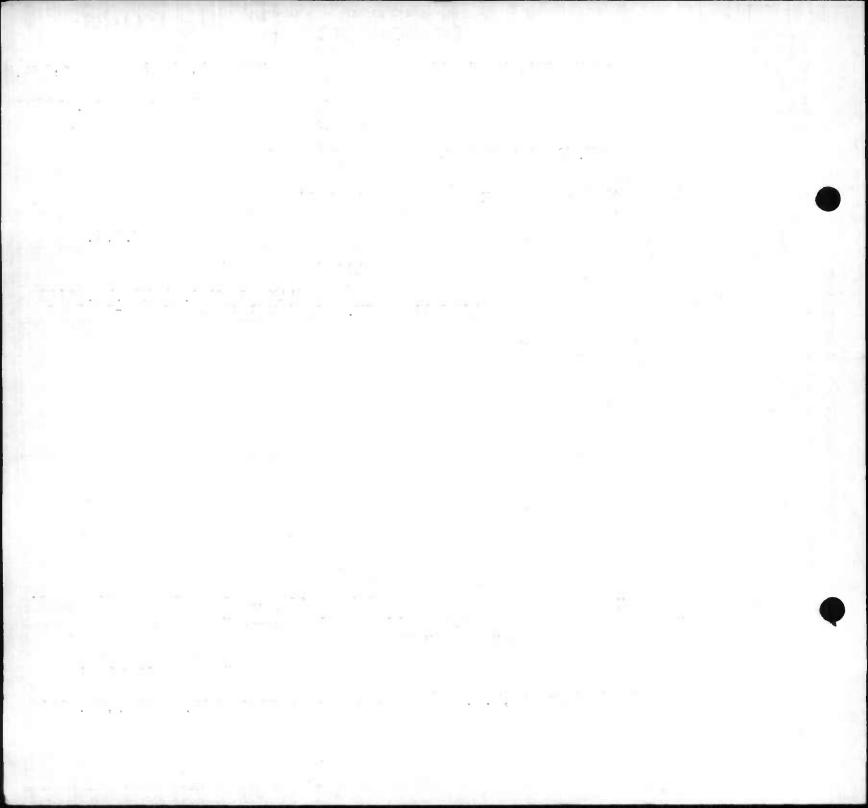
E CITY HEALTH DEPARTMENT

REG. NO. 71 11835

BIRTH NO.	KIIFICATE OF	DEATH		
1. NAME OF DECEASED (Type of Print) MICHAEL B. DOBRZ	YKOWSKI	DEC 20		7.10 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D		DEC. 20, 1 RESIDENCE (Where deceased B. COUNTY	lived. If institution;	residence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION, GO ADDRESS OR LOCATION)	A 4 7),	D INCIDE CITY	102
CHURCH HOME AND HOSPITAL	BA	LTIMORE	D. INSIDE CITY I	
35	e. STREET 231	S. ELWOOD AV	ENUE	
5. SEX 6. RACE WIDOWED NEVER WIDOWED D		22 02 P. AGE (In last birthday)	69 If Under	er 1 Yr. II Under 24 H
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPL		12. CIT	ZEN OF WHAT COUNT
POSTMAN RETIRE		ARYLAND		U.S.A
JOHN DABRZYKOW.	SKI 14. MOTHE	TOSEPHINE	SZCZE	PONSKI
	RITY NO.			ADDRESS
	03-9405 BERN	APINE DEMORE	42315	
DISEASE OF CONDITION DIRECTLY	JSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
LEADING TO DEATH	IMMEDIATE CAUSE ACUTE	ANTERO-LATERAL	AND APTCAL	4 days.
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	DUE TO, OR AS A CONSEQUE	NCE OF: MYOCARDIAL	INFARCTION	
ANTECEDENT CAUSES	ASHI an	d CHF		8 yrs.
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	DUE TO, OR AS A CONSEQU	ENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),	PARALYTIC	ILEUS		24 HOURS.
19A-DATE OF OPERATION 198 CONDITION FOR WHICH OF WAS PERFORMED	ERATION 20A. AU	OPSY? (Yes or No.) 20B, IF YE IN CERTIF	S, WERE FINDINGS YING CAUSES OF	CONSIDERED DEATH?
	FINJURY (e.g., in or obout 21) clary, street, office bldg., IN.	URY OCCUR?	n Boltimore City, giv	re exect location)
21D.TIME (Manth) (Day) (Year) (Hour) 21E INJURY C	Not While	HOW DID INJURY OCCUR	?	
Work L	AT WORK C			
22. I certify that (*) (this hospital) attended the decease that (*) (we) last saw the deceased alive on 12.		19 <u>7/</u> ta		20 - 1971
and have and from the causes stated above. # (We) (di			dor j opinian dea	th accurred an the da
23A-SIGNATURE		,		TE SIGNED
Kustum Jaam	H.D. Attending Phys.	Med. Staff Phys.	12	. 20. 1971
23C PHYSICIANS RUSTUM IRANI	H.) 230. ADDRES		O HOSPITA	41_
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CE	METERY OF CREMATORY	24D. LOCATION	(City, town, c	or county) (State)
BURIAL 12-24-171 HOLV ROSA. DAYE REC'D BY HEALTH DEPT. 1258, NAME OF REGISTR.	DSARY EE	M. DUNPALK		MARYLAND
DEC 22 1971 Policy E. Janour	News John	M WEBER + SON	SINC HOIS	CHESTER S
/S 150-REV. 1/1/68				



			BALTIMORE CITY	HEALTH DEPARTMENT	74 44000
	BIRTH NO. 71	11836	CERTIFICA	TE OF DEATH REG. NO.	71 11836
	1. NAME OF DEC		MARY ROCE	2. DATE AND HOUR OF DEAT	
	3. PLACE IN BALL	MUTKUWSKI	, MARY ROSE	DECEMBER 21,	19/1 2:45Am
	W TENCE IN BAE	MORG MARIEARD, WITCH	E PRONOUNCED DEAD	A. STATE B. COUNTY	
	FULL NAME OF	(IF NOT IN HOSPITAL O	OR INSTITUTION, GIVE STREET		ARUNDEL CO. 21077
	NOITUTITEN			C. CITY OR TOWN HARMAN	VES NO NO
	40	CT ACNEC	HOSPITAL	E. STREET AND NUMBER	YES NO N
i	10	SI, PUNES	HUSFITAL	HARMOND MP.	5000
		6. RACE 7.	MARRIED NEVER MARRIED		if Under 1 Ye., If Under 24 Hrs. Months Days Haurs Min.
	FEMALE		DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Days Haurs Min.
		PATION (Give kind of work 10B, rorking life, even if refired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
2	HOUSEU			POLAND	U.S.A.
	13 FATHER'S NAM			14. MOTHER'S MAIDEN NAME	
-	JOHN	SIEMER		ALICE ())	
	5. Was Deceased	Ever in U. S. Arméd Forces? (If yes, give war or dates of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT WILL VENC AVEC	BALTO APPRESS 21220
	NO	,	214561188	ST. AGNES HOSPITAL RI	ECORDS - CATON &
	18. JA	9 VI	CAUSE OF DEAT		APPROXIMATE INTERVAL
		OR CONDITION DIRECT	rLy		BETWEEN ONSET AND DEATH
7		LEADING TO DEATH	(A) IMMEDIATE CAL	ise + ypertension and Consequence of:	ongestive
	heart failure, a	sthenia, etc. It means the	disease, DUE TO, OR AS	A CONSEQUENCE OF:	
		olication which caused dea NTECEDENT CAUSES	Heart	facture !!! !!	
		R CONDITIONS, if any,	(B) // DUE TO OR AS	al Elbrillation A CONSEQUENCE OF:	
	rise to the	above cause (A) sla	ling the	A CONSEQUENCE OF:	
	UNDERLYING	CONDITION last.	(C)		
	OTHER SIGNIFIC	II CANT CONDITIONS CONTRI	RHTING		
	TO THE DEATH	BUT NOT RELATED TO THE TE	RMINAL	***************************************	***************************************
			ON FOR WHICH OPERATION	IN CERTIFYING C	E FINDINGS CONSIDERED
				NU	AUSES OF DEATH?
, 11	. OR CONTRIBUT	TWAS UNDERLYING	21B. PLACE OF INJURY (e.g., it home, form, factory, street, of	n or about 21C. WHERE DID (If in Solting Rice bldg., INJURY OCCUR?	nore City, give exact location)
	U	medical examiner)	eic.)		
	S OF INJURY	(Month) (Doy) (Year) (H	Out 21E INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?	
	(APPROX)		Work At Work		
			tended the deceased from D	ECEMBER 13 19 / 10 DEC	LEMBER 21 19 /1
	1 1		Ive on DECEMBER 21	19_71ond that in (ny) (our) o	pinion death occurred on the date
			bove. M) (We) (did) ()(i) Xo) v	lew the body after deoth.	
	23A. SIGNATUR	Inchmosts.	VA.A.	11-1-1	23 & DATE SIGNED
	22.5		DEGREE Phys		12 21 71
	23 C. PHT SICIAN NAME (Ty	TARIQ MAHMO	ו א ממו	CATON C MILLYENC AVEC	DALTO MD 01000
	24A. SURIAL CREM	25 0	DEGREE		BALTO., MD.21229
	REMOVAL (Sp	AATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
	BURIAL	12-24-11	HOLY ROSARY CA	EM DUNDALK	MARYLAIYD
	חרי	0.0	ent E. Faiben M.D.	25C. FUNERAL DIRECTOR	MOTORESS
IF	'S 150-REV. 1/8/68	BI 160	CIO C. VALDEL, MILL	BOHN MWEBER + SOMEINC. 4	UJSCHESTER ST



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FUNERAL DIRECTOR: IMPORTANT	edice burr burr hysi n w
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE	CITY	HEALTH	DEPARTMENT

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REG.	NO.	/	II.		L	Pel	U	Ü

BIRTH NO. 71	11837		CERTIFICA	TE OF DEATH	REG. NO.	11937
I. NAME OF DEC	EASED Marga	ret Rose	Santas		ember 19, 1971	14:00 A.
FULL NAME OF HOSPITAL OR	TIMORE MARYLAND, W		THON, GIVE STREET	A. STATE B. COI	here deceosed lived. If ins JNTY	stitution: residence before odmission)
INSTITUTION	518 S. Rapi			Baltimore E. STREET AND NUMBER 518 S. Ras		DE CITY LIMITS?
Female	6. RACE White JPATION (Give kind of work	WIDOWED	NEVER MARRIED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH 2/6/25 11. SIRTHPLACE (State or for	9. AGE (in years last birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
goue annua most of	ndress	Balto.	City Hospital		Maryland	U.S.A.
lsgi	Maccentelli Ever in U. S. Armed For	es?	16. SOCIAL	17. INFORMANT	Anna Buff	Oni
(Yes, no or unknown)		s of service)	SECURITY NO.	Mr. Vincent S	antas - 518 S. I	
DISEASES OF THE CONTROL OF THE CONTR	al mean the mode of osthenio, etc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last,	the disease, death.) any, giving staling the ATRIBUTING E TERMINAL 1 (A).	(B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: [20A-AUTOPSY? (Yes. or 1)	D METASTI	
21A. ACCIDEN	WAS PERF	218. E	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID		NDINGS CONSIDERED SES OF DEATH? City, give exact location?
DEATH (notify 21D. TIME OF INJURY (APPROX.)	medical examined (Month) (Doy) (Year)	(Hour) 21E, While Work	NJURY OCCURRED Not White At Work	21F. HOW DID IN		ony, give exect location,
that (1)-(we) and hour and	fram the causes state	alive on Da			19 <u>70</u> to <u>DGCE</u> hat In (my) (our) apInI	on death occurred on the date
23A. SIGNATU	metal		2:	Med. Director	Shaff Phys.	DECEMBER 2/1971
Burial	AATION, 248. DATE pecify) 12/22/7	24C.NAI Hol	WE OF CEMETERY OF CREATERY OF	netery 24D.	Baltimore,	
DEC S 150-REV. 1/1/6		es E. Va	Ber A.D.	Joseph N. 70	nnino - 263 S.	Conkling St.

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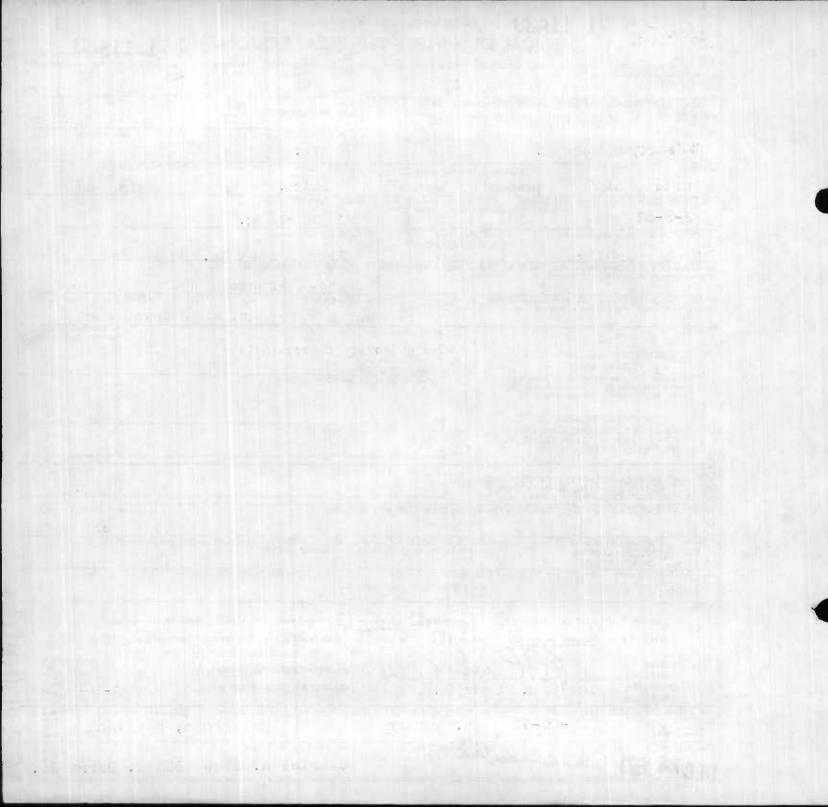
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing rause of death	eceased	was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	id so hospi	e; (5) D	ndance to deat
	red in	ed caus	ar atte prior de.
	th occur	etermin	n regul eceased on is ma
—	rect or	(4) Und	the d
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IMPO	Also.	re of an	attend Imed or
FUNERAL DIRECTOR: IMPORTANT	caminer	A fractu	was D.C.A. at a nospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.
L DIRE	dical exical	rns; (3)	sician v vas in nains a
NERA	hief me	ody bu	sician
FU	by the c	re; (2) E	No phy
	proved the hos	ny natu	and (6)
	st be ap	ent of a	death);
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	certific body w	ws: (1) A	eased p
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BALTIMORE	CITY	UEALTU	DEDA	DTAJENT	
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REG.	NO.	11		LX	38

BIRTH NO. 71 11838	CERTIFICA	TE OF DEATH	REG. NO.	1 11838
(Type or Print) Frank L. De Leo	-		ND HOUR OF DEATH December 19,	1971
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Wh.	ere deceosed lived, 11 ins	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	Maryland c. CITY OR TOWN	D INSI	DE CITY LIMITS?
		Baltimore	J. 11431	YES NO
1231 Wellsbach Way		E. STREET AND NUMBER	147	
5. SEX 6. RACE 7. MARRIED NEV	/ED MADDIED	1231 Wellsback	9. AGE (In years	Il Under 1 Yi Il Under 24 Hrs.
Male White WIDOWED	DIVORCED	6/12/1896	lost 75 thdoy	Il Under 1 Yı. Il Under 24 Hrs. Monthsi Doys Hours Min.
done during most of working life, even if retired) Retired Stevedor	ESS OR INDUSTRY		eign country) taly	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	,	Linky
John DeLeo		Lucy		
15. Was Deceased Ever in U. S. Armed Forces? 16. 50	CIAL CURITY NO.	17. INFORMANT		ADDRESS
	-12-1263A	Mrs. Elizabeth	De Leo - 1231	Wellsbon Way
- C 30 9C 7 /	AUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAU	oma of h	inf	1 year
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CONSEQUENCE OF:		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	0	
rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(c) Cup	hydeina c	hon. 150	uch
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**********			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [1] 121B. PLACE	OPERATION	20A. AUTOPSY? (Yes or N	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form,	OF INJURY (e.g., in foctory, street, off	or about 21 C. WHERE DID	(If in Boltimore	City, give exoct locotion)
OF INJURY (Month) (Doy) (Yeo) (Hour) (Hour) (While As C	Y OCCURRED	21F. HOW DID IN	URY OCCUR?	
(APPROX.) While At [Not While			
22. I certify that (1) (this hospital) attended the dece	ased fram		19 6 9 to 4	lep 7 19 7/
that (1) (we) lost sow the deceased alive on	11/30		at in (my) (our) opin	fan death occurred an the date
ond hour and from the causes stated above. (1) (We)	(did) (did nat) vi	ew the bady after death.		
Kher C. Kuch truster	After Phys.	ding Med.	Shaff Phys.	12/21/71
Peter C. Luchsinge	2		maritan Ho	_
	CEMETERY OF CRE	MATORY BALTIMO	re, Maryla	nd 21.239 town, or county) (Stote)
Burial 12/22/71 Cedar H	lill		Baltimo	re, Maryland
DFC 22 1971 Paber E. Jalle	TRAR	25C. FUNERAL DIRECTOR	nnino, 263 S.	ADDRESS.
VS 150-REV, 7/768	7	7030 pii 14. Zo	, ZOS 3.	Conking 31.

H-452	71	118	339		TIMORE CITY HE			DE DEA	TH b	4 440	20
BIRTH NO.	EASED			=		2. DATE	Known [REG. NS	Year	Hour
(Type or Print)				LEE HAI		OF DEATH	Estimoted				
4. PLACE IN BALT FULL NAME OF HOSPITAL	(IF NO	RYLAND, Y T IN HOSPITA ESS OR LOCA	AL OR INS			3. DATE PRON	OUNCED DEAD	Month 12	19	1971	7:30 p
or institution 81	2 Ridg	ely St				5. USUA A. STATE	Md.	here decessed	B. COUNTY		belare admission)
6. SEX	7. RACE		8. MAR	RIED NE	VER MARRIED	C. CITY	OR TOWN		D. INSIDE	CITY LIMITS?	
female	negr	0	WIDO	WED 🗆	DIVORCED [Balto.			YES 🖈	NO 🗆
9. DATE OF BIRTH		10. AGE (I		If Under 1 Months D	Yr. If Under 24 Hrs.		Ridgely				
11. BIRTHPLACE (S	tate or foreig	n country)		12. CITIZE			ER'S NAME				
North (Caroli	na		U	SA	F	rank Br	own Sr			
done during mast of w	PATION (Giv orking life, ev	e kind ol work en ifreilred)	14B. KIN	OF BUSIN	NESS OR INDUSTR	Y 15. MOT					
	O FUED IN	11.6.45445	. FORCE	60 112 (ssiom		ADDRESS	
16. WAS DECEASE	(If yes, give v	vor or dotes	of service	5) 1/.	SOCIAL SECURITY NO.	18. INFO	December	Tn A	219 Gr		1
19.					CAUSE OF DEA	Fran	K DI-OWI	01. 4	219 GI		PPROXIMATE INTERVAL
	91			Δ	ctive pulm		tuberoul	ocie		BETY	YEEN ONSET AND DEA
	E OR COND LEADING TO		CTLY	211			rapercar	0919			
(This does no	of meon the	mode of dy	Ing, e.g.,		DUE TO, OR		EQUENCE OF:		·		
heart loilure, injury or cam	plication whi	ch coused de	oih.)							-	
AN	TECEDENT	CAUSES			(0)						
DISEASES O	P CONDITI	ONS IS AND	, GIVING	2	DUE TO, OR	AS A CON	SEQUENCE OF:				
I IINDERIYIN	G CONDIT	ION LAST.	IING IHI		(c)						
<u> </u>		11									•
OTHER SIGNI TO THE DEA DISEASE OR 20A. DATE OF	TH BUT NOT	RELATED TO	THE TERM	AINAL		•••••					
20A. DATE OF	OPERATION	1 20B. CO	MOITION	FOR WHIC	H OPERATION W	AS PERFO	RMED			21. AUTO	PSY? (Yes or No)
										ye	s
UNDERLYING UTING		TRIB-		home, farm	E OF INJURY(e.g., factory, street, offi	, in ar abou ce bldg., etc.	1 22C. WHERE I	OID (If in Boltin	ore City, give	exact location)	
≥ 22D. TIME (oy) (Yea	r) (Hou	r) 22E.IN	JURY OCCURRED		22F. HOW DIE	INJURY OC	CUR?		
OF INJURY (APPROX.)				m. WHILE		WHILE WORK					
23.											
1 1	ify that I h					topsy L	_		s, death in m		
result	ed from: N	latural cou	ses X	Accide	ent Sulci	de 🔲	Homicide .		nined monne		
ACTUAL		6 5	M	0	/		CHIEF MEDIC				DATE SIGNED
SIGNATU		-01	AU	ufo	M.I).	SISTANT MEDIC				
NAME (T	ype)	ussell	S. F	isher	M.D.	AS	SOCIATE MEDIC	AL EXAMINE		12-2	20-71
24A. BURIAL CREM REMOVAL (Specifi Burial	AATION, 2	12-20	-71		ME of CEMETERY Auburn			Baltim	N (City, to	own, or county,	•
25A. DATE REC'D			258.4	NAME OF	REGISTRAR	250	. FUNERAL DIR			ADDRESS	
250 99 4		Bes E.	Sant	en PLU			narles		8 661		arre St.
TE NO F	30			W 4 5				44. 117.0	001	W. DE	Tre St.
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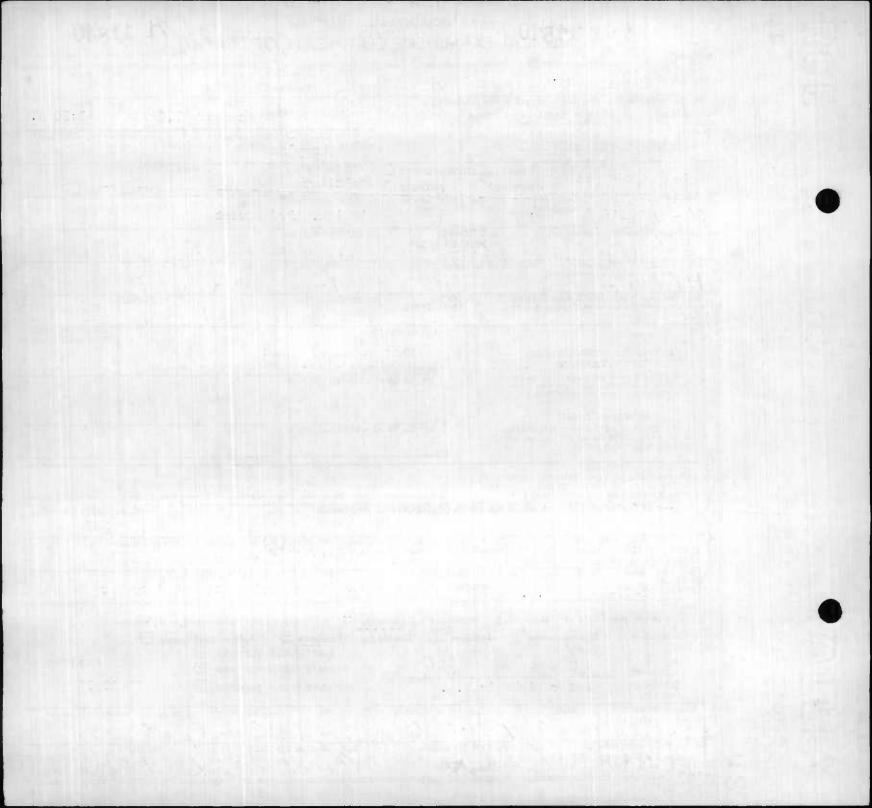


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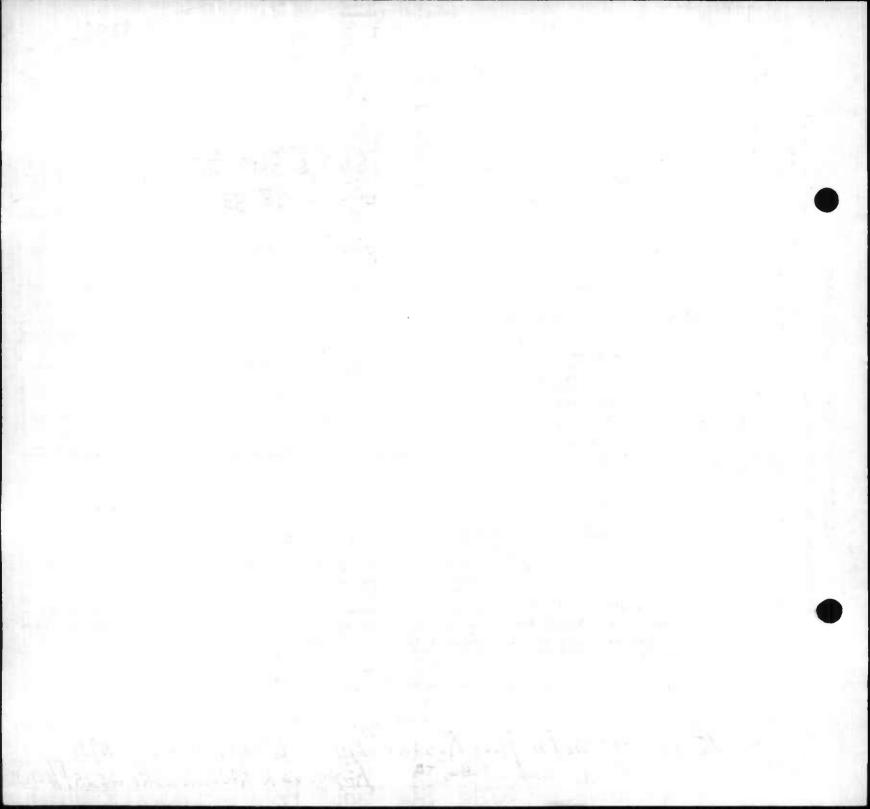


VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

REG.	NO	71	11	0.44
		- market		1

-524		A A A A A A A A A A A A A A A A A A A
pital and of death Deceased to on the arth. Such		TH NO. 71 11841 CERTIFICATE OF DEATH REG. NO. 71 11841
deat deat ease n th		AME OF DECEASED 2. DATE AND HOUR OF DEATH 11.25
the oct	3. 1	PLACE (N BALTIMORE, MARYLAND, WHERE PRONOUNGED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
S = (S = 5	FILE	A. SIALE B. COUNTY
4800	HC	LL NAME OF ADDRESS OR LOCATIONI OF ADDRESS OR LOCATIONI C. CITY OR TOWN D. (INSIDE CITY LIMITS?
	1	MUMCH HOME HOSPIAN BOUTING YES X NO []
7	X	BO TIME MED 21231 803 8 PORT ST. 21224
F 5 5 5	5. S	EX 6. RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
contrib letermin in regule eceased on is ma	1	MR WIDOWED DIVORCED O9-02-88 08 PROUSE MAINER Day'S PROUSE MAIN DAY DAY DAY DAY DAY DAY DAY DAY DAY DAY
con con eter n re	10A	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (Slate or (areign Country) 12. CITIZEN OF WHAT COUNTRY?
Und Und as in	0	Langshareman. Palang.
disposition	13.	FATHER'S MAIDEN NAME
dir dir dir dis	15 \	TO MUS DUMS IL SKI TO MUSE A LIO LE OWSEL Was Deceased Ever in U. S. Armed Forces? 16.5 SOCIAL 17. INFORMANT
# 0.E 0 0 D	(Yes	ADDRESS ADD
assir the		1212013 404 1 Legica 10 011 .
8 2000		DISEASE OF CONDITION DISECTLY
Also noun atte		LEADING TO DEATH (A) IMMEDIATE CAUSE TO STORM COMPEX
iner. A racture pronc		heort failure, asthenia, etc. it means the disease, injury or complication which caused death.
fra en en en en en en en en en en en en en		ANTECEDENT CAUSES
A A P		DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:
		rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
medical ledical burns; (; hysician n was ii	7	II AFQUID CHI
bori bur hys	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ONE THE TERMINAL ONE THE SELBRURY TO THE DEATH BUT NOT RELATED TO THE TERMINAL ONE
a m ody he p sicia	1 7 7 1	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OFERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSTATIVE OF NO. 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED AND A NO. 10 CERTIFICIAL CONTROL OF THE PROPERTY OF THE PROPE
T Y T	CERT	N. W. C. L. C.
al la	-01	OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg, INJURY OCCUR?
why who	ā	21D-TIME (Month) (Day) (Year) (Hour 21E INJURY OCCURRED on the OCITE HOW DID (NUTRY OCCURRED)
he hospit ny nature except wl and (6) N	¥	OF INJURY (APPROX.) While At Nat While Work Nat Wark
prover the provent of		22. I certify that (I) (this hospital) attended the deceased from 0 - 19 11 to 19 - 16 - 19 11
0 80	1 I	that (i) (we) lost sow the deceased alive on 19 19 ond that in (my) (our) opinion death occurred on the date
sed to sent of spital eath)		and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
SOPE		23A. SIGNATURE 23B. DATE SIGNED
		Ma. Elma V. Mangay M.D. Attending Med. Director Phys. Director Phys. 23D. ADDRESS
was r An a L at c prior		NAME Clypes
-	24A.	BURIAL OREMATION, 1248, DATE 124C, NAME of CEMETERY OF CERTAITORY 1240, 1000 CERTAIN (C. 1)
his certine body hows: (1) as D.O. eceased	1	DILIPIAN 12/20/21 HOLY RASARY (FM BALTIMARE M)
This ce the bo shows: was D. deceas	25A.	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25. PUNERAL DIRECTOR ADDRESS FIFT. TO
たれる きゅう		DEC 22 BT JABER E. Jaiber, RO. KAYMOND L. KACZOROWSKI 2525 / LEET ST.



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

N-600 71 11842 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	X REG. NO. 71 11842
1. NAME OF DECEASED 22. DATE	AND HOUR OF DEATH
(Type or Print) NOErv, Karl	/19/71 12125 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased lived, if institutions residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	V 4-3
INSTITUTION LE CLITTOR TOWN	D. INSIDE CITY LIMITS?
Wyman PK. Drive + 31st Street E. STREET AND NUMBER	YES NO
11196 Forest	Edge Dr.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years II Under 1 Yr., If Under 24 Hrs. Months; Doys; Hours; Min.
WIDOWED DIVORCED Hug 7, 1930 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHIPLACE (State of Inc.)	4/
done during most of working life, even if retired	
ENGINERY 13. FATHER'S NAME 14. MOTHER'S MAIDEN N	u SA
D 1 - 2 47 - 255	1
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ardy
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. YES USA 1950 - 1952 284364 Records	USPHS HOSP, Balto, M&
18. 4 CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY BILATERAL BROW	JCHOPUEU HOULA BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	277
heat laiture, asthenia, etc. It means the disease, injury or camplication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
rise to the obove couse (A) stoling the UNDERLYING CONDITION tost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198-DATE OF OPERATION 198- CONDITION FOR WHICH OPERATION 120A-AUTOPSYZ (Yes of	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of	No. 208, IP TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEPARTMENT AND ASSESSMENT OF CONTRIBUTING CAUSE OF THE PARTMENT OF CAUSE OF THE PARTMENT OF CAUSE OF THE PARTMENT OF CAUSE OF THE PARTMENT OF THE PAR	(II In Baltimore City, give exect location)
DEATH (notify medical examiner)	
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURT OCCURRED 21F. HOW DID II	NURT OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (4) (this haspital) attended the deceased from DEC 2	1971 to DEC (9 1971
	that in (app) (our) opinion deoth occurred on the date
and hour and fram the causes stated above. (1) (%) (did) (diemat) view the body ofter death	
Kali & S D , dending Med. 1	23 B. DATE SIGNED
23C. PHYSICIAN'S 23D. ADDRESS	Stoff Phys.
ROBERT E BELLIVEAU M.D (SURG.)	
	LOCATION (City, town, or county) (Stote)
BURIAL 12-21-71 NATIONAL MEMORIAL PR.	FAIRFAX COUNTY, VA.
258. NAME OF REGISTRAR 25C. SUNERAL DIRECTO	
DEC 22 1971 Paber & Jaber M.D. Cornect VS 150-REV. 1/1/68	J. Myles - ail to

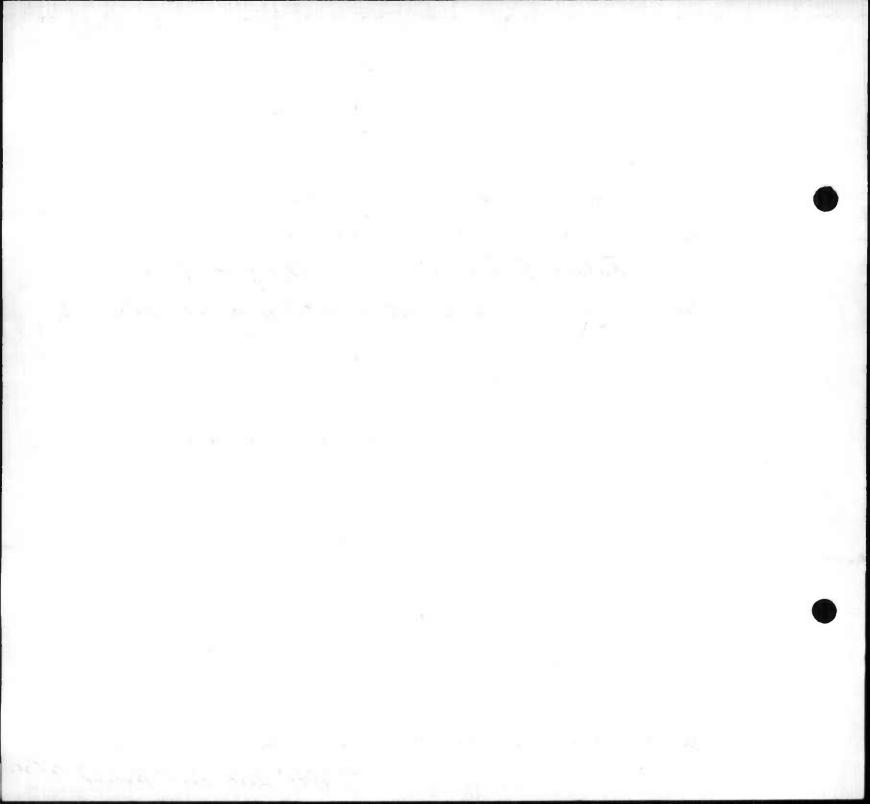
BILATERAL ZROUCHOPUCHHORIA THE

HODEKIDS DISEASE, SMOT ILE WILLIAM

ROBERT E BELLINEAU MD (1990)

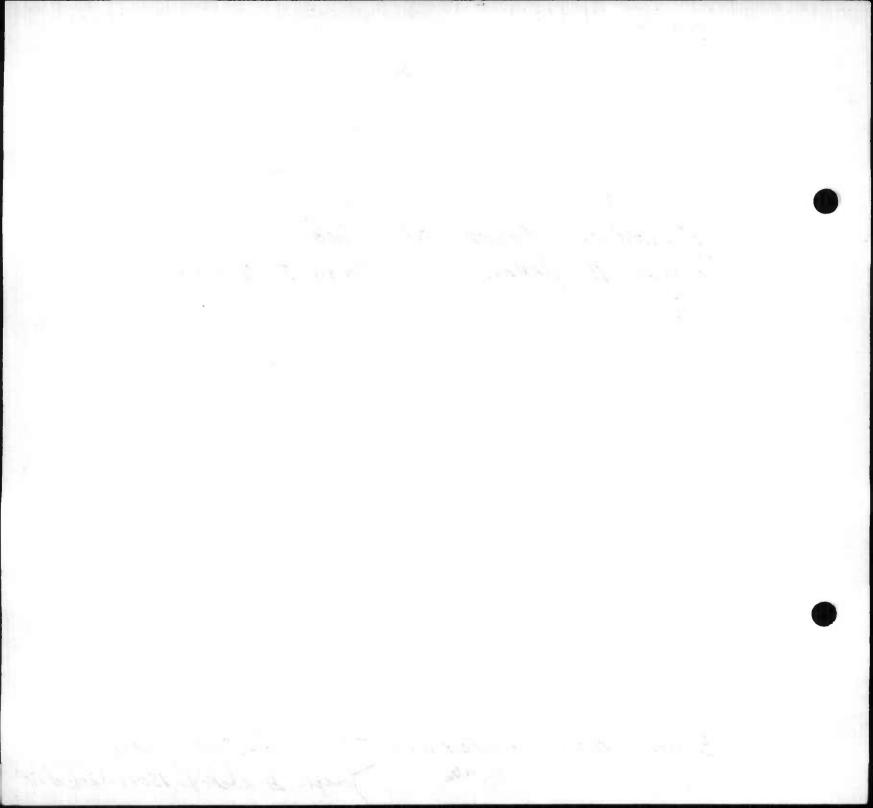
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if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased was in regular attendance on the the deceased prior to death. Such isposition is made.	3. FUA don 13.
stant ind; ind; eath e on	15. (Ye
if the any kindence of fin	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
his cert he body hows: (I vas D.O lecease vritten o	25A
the show	
	VS

10	4	BALTIMORE CITY	HEALTH DEPARTMENT		21-89-67	o SP
5-320	1184	3 CERTIFICA	13.13 14	ARNETT NO.	R91 1184	3 22
BIRTH NO.		CLKTIFICA	TE OF DEATH			
(Type or Print) SADOWS	KT A	LEXANDER	A. Z. DATE A	NO HOUR OF DEAT		10 0 4 4
3. PLACE IN BALTIMORE MARYLA			4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceosed lived. II	institution: residence be	10 AM M.
FULL NAME OF (IF NOT IN HE HOSPITAL OR ADDRESS OR	OSPITAL OR INS	TITUTION, GIVE STREET	MARY LAND C. CITY OR TOWN) Tables	VSIDE CITY LIMITS?	-01
UNIVERSITY O	F MARY	LAND	BALTIMORE	of vio	YES NO	
38 HOSPITAL			E. STREET AND NUMBER	SON ST.		
5. SEX 6. RACE	7- MARRI WIDOW		8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Months Doys Ho	Under 24 Hrs.
IOA. USUAL OCCUPATION (Give kind	of work 108, KIND		11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WI	AT COUNTRY?
done during most of working life, even if re			MARYLANI	Palmin and a second	USA	
13. FATHER'S NAME	·		14. MOTHER'S MAIDEN NA	1	0311	
Julu	15 52	Lows Ki	Mar	-y A. N.	ickel	
15. Was Deceased Ever in U. S. Arm (Yes, no or unknown) (If yes, give wor	ed forces? Ir dotes af servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No -		215-09-3305	Charles H. Sade	owski 1628	TheTFord	Pd.
18.43741		CAUSE OF DEAT			APPROXIM	ATE INTERVAL
DISEASE OR CONDITION LEADING TO DE	N DIRECTLY		(A) () = 0			1
IThis daes not meon the moon heart failure, osthenia, etc. It r	le of dying, e	9- DUE TO, OR AS	ISE (R) CEREBR A CONSEQUENCE OF:	OVASCULA	K ACCIDENT	12 ags
ANTECEDENT CA		AATTAIN	001500710 07			V < 0.22
DISEASES OR CONDITIONS		(B) MK IEKIO	SCLEROTIC CE A CONSEQUENCE OF:	-KERKON 420	L. DISEASE	YEARS
ise to the abave cause UNDERLYING CONDITION la	(A) stating t	h.a	LOSCLEROTIC (- 1	YEARS
11	**	(0)	W. O.C.			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN I	TO THE TERMINA	FEVER	**************************************			
19A.DATE OF OPERATION 19B		R WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WER	E FINDINGS CONSIDER	RED
OR CONTRIBUTING CAUSE O	F - 1	18. PLACE OF INJURY (e.g., income, form, factory, street, al	n or obout 21C. WHERE DID	(If In Boltim	nore City, give exect loce	tion)
21D.TIME (Month) (Doy)		IE INJURY OCCURRED	21F. HOW DID IN.	JURT OCCUR?		
(APPROX)		While At Wark Nat Wark	· 🗆			
22. I certify that 🕦 (this hos	pital) attende	the deceased from 13	18 71	19 71 ta	12,20	19
that (\$) (we) last saw the dec		1 - 10/11	10.1		pinion death accurre	d an the date
and haur and from the cause:	stated above	(1) (We) (did) (did not) v				
23A. SIGNATURE	117				238 DATE SIGNED	
L. D. Dame	W, MD	DEGREE Phys		Stoff Phys.	12/20/	71
23C. PHYSICIAN'S NAME (Type)	BARNET	T M.D.	UNIVERSI	TY HOS	SPITAL	
24A. BURIAL CREMATION, 24B. DA		NAME of CEMETERY OF CRE	MATORY 124D. I	OCATION (City, town, or county)	(Stote)
Buri2/ 12/2.	2/7/ 61	len Haven Mene	-12/ Park A	MAJ Arusa	lel Mary	loyd
25A. DATE REC'D BY HEALTH DEPT.	258, NAM	E OF REGISTRAR	25C. FUNERAL DIRECTO	Removed	Furgral 1	Some The
	A & Jab	e, M.D.	1501 CH	East For	T Avenue	7 4 (11
VS 150-REV. 1/1/68						

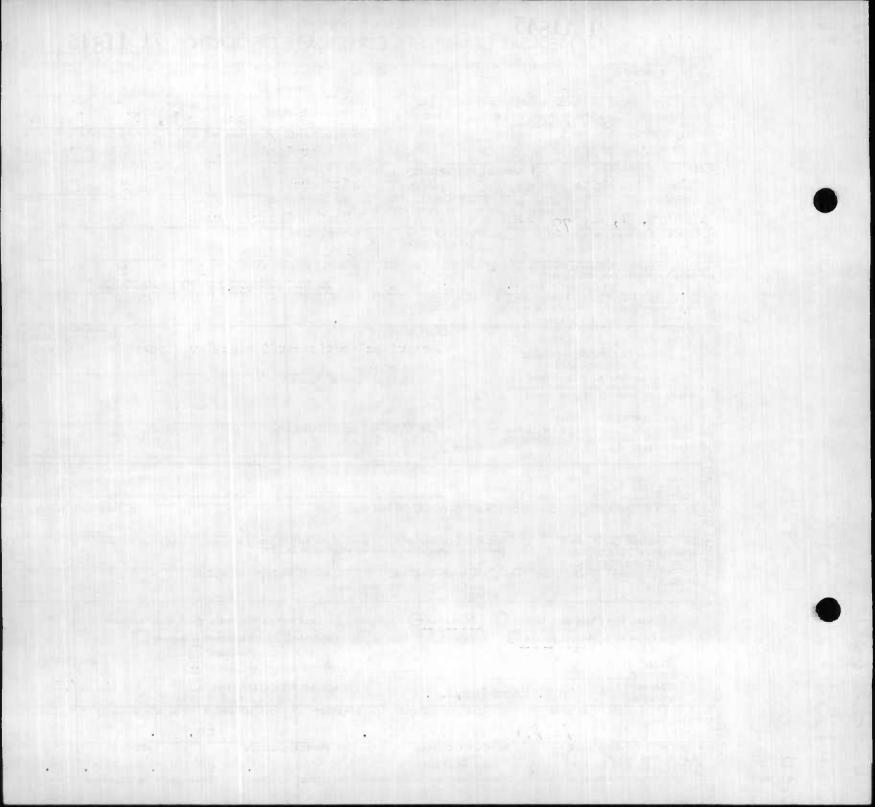


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	4.490	THE OF DEATH REG. NO. 71 11844						
11	140.	TE OF DEATH REG. NO.						
	NAME OF DECEASED Type or Print) 7.	2. DATE AND HOUR OF DEATH						
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	13 - 21 - 71 12:55	PM.					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. BALTIMORE 140=	2					
	MARYLAND GENERAL	BALTIMORS VES NO						
	HOSPITAL	E. STREET AND NUMBER						
5	6. RACE N MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Months; Days Hours; Mi	Hrs.					
11.	WIDOWED DIVORCED	109-00-911 20 1 : : :						
d	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during nost of working life, even-if-settred) Church (R)	11. BIRTHPLA CE (State or lareign country) 12. CITIZEN OF WHAT COUNTY	NTRY?					
1	3- FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Thomas H. allen	Mary J. Westman						
1.0	5. Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
	es, no or waxnown) III yes, give wor or dates of service) SECURITY NO.	Ea. RECORD						
	18. 4 CAUSE OF DEAT		AL					
1	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND D	EATH					
	LEADING TO DEATH	ISE CONGESTEUE HEAGTT						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ACONSEQUENCE OF: FAILURE	***					
	ANTECEDENT CAUSES	SCUD						
Ш	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:						
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)							
	11							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
Craffero	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
1	OR CONTRIBUTING CAUSE OF home, form, foctory, street of etc.)	n or obout 21 C. WHERE DID (If In Boltimore City, give exact location) fice bidg., INJURY OCCUR?						
la la	21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?						
AA	(APPROX.) While At Work At Work							
	22. I certify that (1) (this hospital) attended the deceased from	12-17 1971 10 12-21 1971						
	that (1) (we) lost saw the deceased alive on 12-21	ond that In(my) (owr) opinion death occurred on the						
	and hour and from the couses stated above. (1) (We) (did) (did-not) view the body after death.							
	23A, SJGNATURE	238, DATE SIGNED						
		nding Med. Staff Phys. 12/21/71						
	Kich Auc C. Keowa MD	Maryland Conno Horas &						
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE MANAGEMENT 12/24/71 Ruchard Mem	MATORY 24D. LOCATION (City, town, or county) (Stote	e)					
25	DEC 23 BY HEALTH PETT.	25G. FUNERAL DIRECTOR ADDRESS	BA					
V:	150-REV. 1/1/6B	The state of the sold of the	1					



1	7-650	71 11 ME	845 DICAL	B. L EXA	ALTIMORE CITY HE	ALTH DEPAR	TMENT	DEATH	71	118	45	
BIR	TH NO.								REG. NO.		2.0	
I. NAME OF DECEASED (Type or Print) REIN MUREMAA							Known Estimated	Month	Doy	Yeor	Hour	м.
4. P	LACE IN BAL	TIMORE, MARYLAND	, WHERE P	RONOU	NCED DEAD	3. DATE		Month	Day	Year	Hour	1410
HOS	NAME OF	(IF NOT IN HOS		MOITUITE	I, GIVE STREET		NCED DEAD	Decembe			7:10 A	
8	MARYLA	ND GENERAL	HOSPIT	CAL		A. STATE	Maryland	В.	COUNTY		+01	
6. S		7. RACE	8. MAR	RIED 🗌	NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?		
N	lale	White		WED 🗌	DIVORCED	Balti			YE	s 🛛 N	o 🗆	
9. D	ATE OF BIRTH	lost birt	(In years	If Unde Months	r I Yr. If Under 24 Hrs. Days Hours Min.		ND NUMBER Mulber	ry Stree	t			
11. 8		tate or foreign country			ZEN OF	13. FATHER'	NAME					
E	stonia			WH	AT COUNTRY?	Juri	Hubne	er				
4A.	USUAL OCCU	PATION (Give kind of w			SINESS OR INDUSTRY		'S MAIDEN NA	ME Mai	Halle	ert		
one	Action to the second second	orking life, even if retire k Binder	Ma	loch	ademy scie	hary x	****			XXXX		
16. 1	WAS DECEASE	ED EVER IN U.S. ARA	AED FORCE	S? 112	7. SOCIAL SECURITY NO.	18. INFORM	ANT		AD	DRESS		
(1 es,	no or unknown)	(II yes, give wor or do	105 Of Service	9)	SECORITI NO.	Mrs.	Salme N	Muremaa	Same			
1	19. 41	04.			CAUSE OF DEA					APPR	OXIMATE INTE	
	DICEAC	E OR CONDITION D	DECTIV		Arterio	sclerot:	ic cardio	vascula	r disea		II ONOLI MID	DENIII
		LEADING TO DEATH			C. MIMMEDIATE C	PALICE						
	(This does no	ot mean the mode of	dying, e.g.,		DUE TO, OR	AS A CONSEQU	ENCE OF:					
	injury or com	, osthenia, étc. it means splication which caused	death.)									
		AA MARI MARI BA MA AA AA AA AA										
		ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO, OR AS A CONSEQUENCE OF:										
	RISE TO THE	ABOVE CAUSE (A)	STATING THE	Ē								
3	DIADEVELLE	10 CONDITION DA	11.		(c)							
CERTIFICATION	TO THE DEA	II IFICANT CONDITIONS ATH BUT NOT RELATED	TO THE TERM	MINAL								
		CONDITION GIVEN II			HICH OPERATION W	AS DEDECTOM	n			21 AUTOR	SY7 (Yes or I	No)
핑	- DAIL OI	OI ENAMORY ESSA	, OI IDINOI		INCII OF ERAIIOIT W	no i eni onii					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
7	22A. EXTERI	NAL CAUSE WAS		ISSR DI	CE OF INITIDATE	In an about 2	C WHERE DID	/If to Politimana	City ship and	no		
	UNDERLYING UTING CA	OR CONTRIB-		home, fo	ACE OF INJURY(e.g., arm, lactory, street, offic	e bldg., etc.) in	DURY OCCUR?	(it in politinote	City, give exac	i rocinon)		
	22D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (Ho		LE AT THE AT W	WHILE 22	F. HOW DID II	NJURY OCCUP	77			
	23.											
	i cert	Ify that I held on	Inquiry		nspection 🗸 Au	topsy 🗌	ond that on	this basis, d	eath in my o	pinion		
	result	ed from: Notural	couses 🔽	Acc	ident Sylcia	le 🗌 Ho	nicide 🔲	Undetermine	ed monner]		
		1	7	1.1	///	C	HIEF MEDICAL	EXAMINER [
	ACTUAL	ior / /w/	11	1/1/2	20	ASSIS	TANT MEDICAL	EXAMINER [x	D	ATE SIGNE	D
	SIGNATE	FRIC	** **	1.1	M.D		CIATE MEDICAL	EXAMINER [7	12/	19/71	
	NAME (T		N. Koi	nblu	m, M.D.	,			10 Z	~-/	,	
244	BURIAL CREA	MATION, 248. DAT	E	24C.	NAME of CEMETERY	or CREMATO	RY 24D	LOCATION	(City, town,	or county)	(Stote)	
REA	Burial	12/2	3/71	Me	oreland Me	em.		Balto	. Ind.			
25A		BY HEALTH DEPT.	258, 1	NAME O	F REGISTRAR		UNERAL DIREC			DRESS		-
	DEC 23		S 8. 30	Boy	ALD,		onard .				. Md.	
VS I	151-REV. 3/1/68		1	4	. 17 5	111	() ()					V



IMPORTANT FUNERAL DIRECTOR:

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death. Such was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attend deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made.

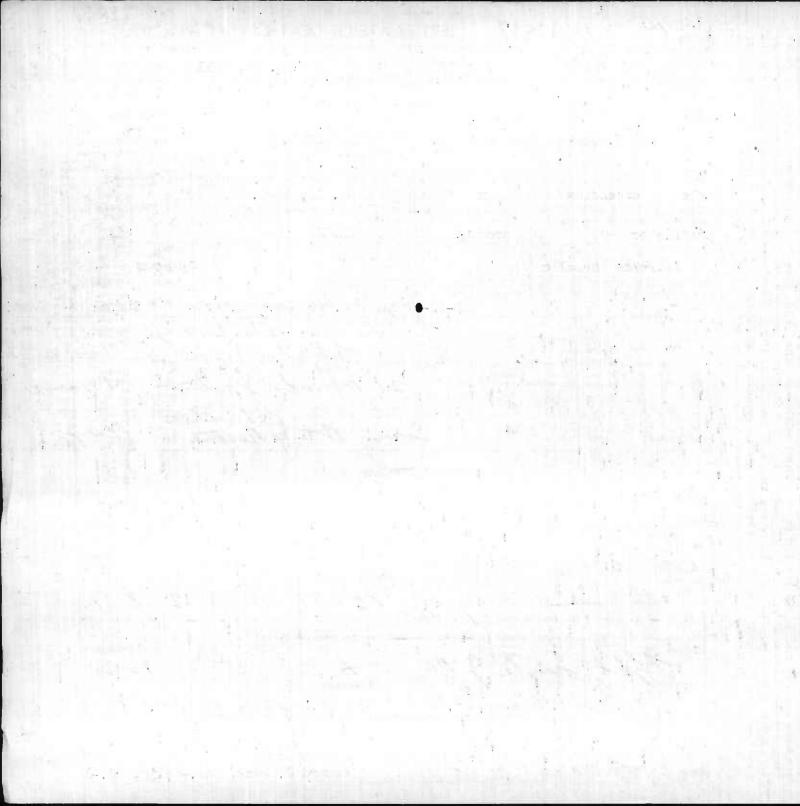
	R-361	,					HEALTH DEPARTA			71	1184	6
BI	RTH NO.	71	118	46	CER	RTIFICA	TE OF DEA	TH	REG. N	0		
(1)	NAME OF DEC	Helen	a A. Rj					12/15			, 9	130 P
P H	CERT OSPITAL OR ISTITUTION	IFIC.	ATTACHES OR LOCA	A		ED 28-71	4. USUAL RESIDEN A. STATE Md.	CE (Where de COUNTY		If institution	27	pefore odmission
	00		orther	n Park	way		Baltimor E. STREET AND NU Md.	re IMBER		YES §	N	0
	SEX F.		W.	7. MARRIE	DE DIV	ORCED	6/12/1875	los	AGE (In years birthdoy) 96	If Ur Mont	der 1 Yr.	Under 24 Hrs.
go:	A. USUAL OCC no during most of HOUSOW	working lite, eve	kind of work on if retired)	108, KIND	OF BUSINESS C	RINDUSTRY	11. BIRTHPLACE (Stot	e or foreign	country)	12. C	USA	HAT COUNTRY?
13.	FATHER'S NA	we rick Wm		nstei Parae	_		14. MOTHER'S MAIL		th Bal	iu		
15. (Ye	Was Deceased s, no or unknown NO	Ever in U. S. (If yes, give	Armed Force wor or doles	os? of service	1 6. SOCIAL SECURIT 220-05	y No. -2903B	Mrs. Anna	Vanama	an same		ADDRES	S
	(This does no heart loiture, injury or com	oslhenio, etc plicolion whi ANTECEDENT PR CONDITIES obove co	D DEATH mode of Ill meons in ch coused of CAUSES ONS, ill on ouse IA)	dying, e. the diseos deoth.}	(A) MM Dt	MEDIATE CAU MEDIATE CAU ME TO, OR AS LULU F TO, OR AS MULL MULL MEDIATE MULL MULL MEDIATE MULL MULL MEDIATE MULL MEDIATE MULL MULL MEDIATE MULL MU	coselen	lie cul	lear eleon tus (t Ase Lee		MATE INTERVAL NISET AND DEATH
CERTIFICATION	OTHER SIGNIF TO THE DEAT DISEASE OR C	H BUT NOT RE	LATED TO THE	E TERMINA	WHICH OPER	ATION	20A. AUTOPSY? (Ye		OB. IF YES, W	ZERE FINDING	SS CONSIDE	RED
1 .	21 A. ACCIDEN OR CONTRIBU DEATH (notify	IT WAS UND TING CAU medicol exom	ERLYING SE OF	he	B. PLACE OF II	NJURY (e.g., in	or obout 21 C. WHERE ce bldg., INJURY OC	DID		Itimore City, g		olion)
MEDICAL	21D. TIME OF INJURY (APPROXI			V	L INJURY OC	Not While At Work	21F. HOW E	OID INJURY	OCCUR?			
	that (I) (was)	from the co	deceosed	ettended office on d obose.	the deceosed	(did not) vi	ew the body ofter	Staff	n(my) (oyf)	23 B, D/	ATE SIGNED	19 7/
	BURIAL CREA REMOVAL IS Buria	l 12	DATE /18/71	Pa	rkwood	DEGREE	AATORY	24D. LOCA	to. Id	(City, town,	or county)	(Stote)

Palent E. Valley M.D. Leonard J. Ruck Inc. Balto. Md.

2710 North " 1"

l and death eased n the Such	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This the show was deco	

	BALTIMORE CITY	HEALTH DEPARTMENT	71 11847				
V-240 71 1184	7 CERTIFICA	TE OF DEATH REG. NO	12011				
I, NAME OF DECEASED		2. DATE AND HOUR OF DEAT	H50				
(Type or Print) FRANK	VASSALLO	Dec. 18, 1971	1/3 8 M				
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	170 0700	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission)				
		Maryland B. County	2854				
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET		ISIDE CITY LIMITS?				
Νοιτυτισκ		Baltimore	YES TOTE NO				
lili N. Chapel Gate	Lane	E. STREET AND NUMBER	163 E. NO .				
00		414 N. Chapel Gate Lane					
5. SEX 6. RACE 7. MA.		B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.				
ma ma	RRIED NEVER MARRIED DIVORCED DIVORCED	Sept. 14, 1890 (ast birthdoy) 81	Months Days Haurs Min.				
IOA. USUAL OCCUPATION (Give kind of work 10B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY				
dane during most of warking life, even if retired) proprietor	produce	ITAIY	USA				
13. FATHER'S NAME	produce	14. MOTHER'S MAIDEN NAME	ODA				
			mown				
Lawrence Vassallo							
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknawn) (If yes, give war ar dates af se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
Unk.	212-12-1762A	Mrs.Mary Jane Pistorio	bill Chapel Gate Land				
18. 4/ 1 2 3 1	CAUSE OF DEAT	Ч с	APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY		Remove Vertrenton	BETWEEN ONSET AND DEATH				
LEADING TO DEATH		USE TArbycard 7, Bailla	divis Main uxes				
(This does not mean the mode of dying,		A CONSEQUENCE OF:					
hearf failure, asfhenia, efc. Il means the di- injury ar camplication which caused death.	seose,	1 1 1 2	1 5.1				
ANTECEDENT CAUSES	O au	(Theyo carled to pre-ti-	- year				
	(B)	S A CONSEQUENCE OF: ather self					
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	giving DUE 10, OR AS	A CONSEQUENCE OF: ather only	2 0 0				
UNDERLYING CONDITION last.	(c) Cris	- lete - Reser	1090				
11		/ /					
O OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING	,	1 (24)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERM TO THE DEATH BUT NOT RELATED TO THE TERM L DISEASE OR CONDITION GIVEN IN PART 1 (A).	IINAL						
U 19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER	E FINDINGS CONSIDERED				
WAS PERFORMED	D	IN CERTIFYING C	AUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,		ore City, give exoct location)				
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	home, farm, foctory, street, o	office bldg., INJURY OCCUR?					
	1015 1011102 0 0011005	215 1101/4 212 1111/12/ 0.001/20					
OF INJURY (Month) (Doy) (Yeor) (Haus		21 F. HOW DID INJURY OCCUR?					
(APPROX.)	While At At Wark						
22. I certify that (I) (this hospital) atter	ided the deceased from	10 - 7/ 19 10/7	7/8:7/ 19				
that (I) (we) last saw the deceased aliv		10 '7/	sister double assessed as the date				
		19	pinian death accurred an the date				
and have and from the causes stated abo	ave. (I) (We) (did) (d id-net)	view the bady after death.					
23A. SIGNATURE 23B. DATE SIGNED Attending Director Phys. 23B. DATE SIGNED 12-70-7/							
NAME (Type)	show In	2250 Mi liene Arra Delt	Ma				
Dr. Kyle Y. Swie	DEGREE	3350 Wilkens Ave, Balto,					
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)				
Burial 12/23/71	Cathedral	Wilmington	Delaware				
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
HER ST TOP PLACE TO	Q. 20 2	Leonard J. Ruck, IncE	salto Md -1)				
VS 150-REV, 1/1/6B	The Carlo	THOUSE THE	0.2.00 9 110 8 - 224				



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approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	al (except where the physician who pronounced death was in regular atterth); and (6) No physician was in regular attendance on the deceased prior the obtained before the remains are embalmed or final disposition is made.
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is certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death ows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	is D.O.A. at a hospite ceased prior to deat itten approval must
ody (I)	Sed n
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VS 150-REV. 1/1/6B

0			BALTIMORE CIT	Y HEALTH DEPART	MENT	17.1	11843
6-32 (BIRTH NO.	71 1	1848	CERTIFICA	ATE OF DEA	ATH REG	6. NO	11940
1. NAME OF DEC	EASED			2.	DATE AND HOUR O	F DEATH	
(Type of Timis	LYDIA	GOE	TZ		December 1	16, 1971	
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDE	NCE (Where deceased B. COUNTY	lived. If institution	residence before admission
				Md.	D. 0001111		J
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	TION, GIVE STREET	C. CITY OR TOWN		D. INSIDE CITY	/ HMTC2
NOITUTITZNI					imore	YES X	
5822 F	alkirk Rd.			E. STREET AND N		Te3A	7 NO[]
, , , , , ,							
		1			lkirk Rd.	1	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost birthdoy	Month	der 1 Yr. If Under 24 Hrs ns Doys Hours Min.
Female	White	WIDOWED	DIVORCED _	March 19,	1886	85	
	UPATION (Give kind of wo		BUSINESS OR INDUSTR	11. BIRTHPLACE (St	ote or foreign country)	12. C	ITIZEN OF WHAT COUNTR
fone during most of Home Ma	working life, even if retired)			Maryla	and		USA
3. FATHER'S NA		F 0		14. MOTHER'S MA		innie A. N	Ventini
	Willia	m F. Goe	e TZ		Fil	ruure w	JET. CTHT
S. Was Deceosed	Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
No	(If yes, give wor or do		15-18-8837	Miss Anna	a Goetz		(Sa me)
18.44	Language Control	-	CAUSE OF DEA				APPROXIMATE INTERVAL
DISEASES (ANTECEDENT CAUSE OR CONDITIONS, if e abave cause (A) G CONDITION lost.	any, giving			ÖF:		
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA F OPERATION 19B. CO WAS PE	THE TERMINAL	HICH OPERATION	20A. AUTOPSY?	(Yes or No) 208, IF YE	ES, WERE FINDING FYING CAUSES O	GS CONSIDERED F DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	21B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21 C. WHE office bldg., INJURY C	RE DID (IF	in Baltimore City, (give exect location)
O 21 D. TIME	(Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21 F. HOW	V DID INJURY OCCU	R?	
S OF INJURY			e At Not Wh	ile 🗂			
22 2004:4:	that (I) (this haspite	al) attended th	n deceased from		19 to		19
				10		4	
that (I) (we)	just saw the deceas	sed alive an	000000000000000000000000000000000000000	I Y	and that In(my)	(aur) apinian de	eath accurred an the do
and haur an	d fram the causes st	ated abave. (I)	(We) (did) (dld not)	view the bady afte	er death.		
23A. SIGNATI	JRE / - /-	1				23B, D	ATE SIGNED
()	Mul!	1		ending Med.		1	2/17/71
23C. PHYSICIA	M'S	1	DEGREE	23D. ADDRESS	ctar L Phys. L	, ,	7.11.
K.G.	(ype)		MD	1211 E.	Northern	Pkwy, B	alto.Md.
24A. BURIAL CRE		24C. NA	ME of CEMETERY of CI		24D. LOCATION	(City, town	n, or county) (State)
Buria	Specify)		don Park Cem			timore, M	
25 A DATE BECID	DV HEALTH (NEDD)	. La la la la la la la la la la la la la la	F BEGISTPAP	25C FIINEDAL	DIRECTOR		ADDRESS

Leonard J.Ruck Inc., Balto. d. 21214

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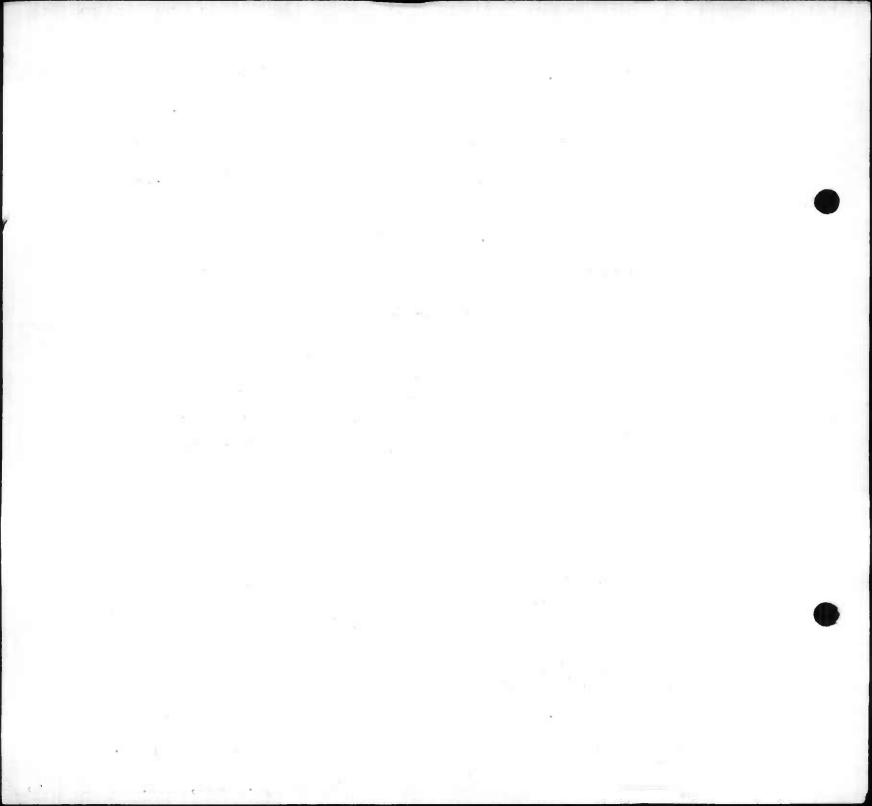
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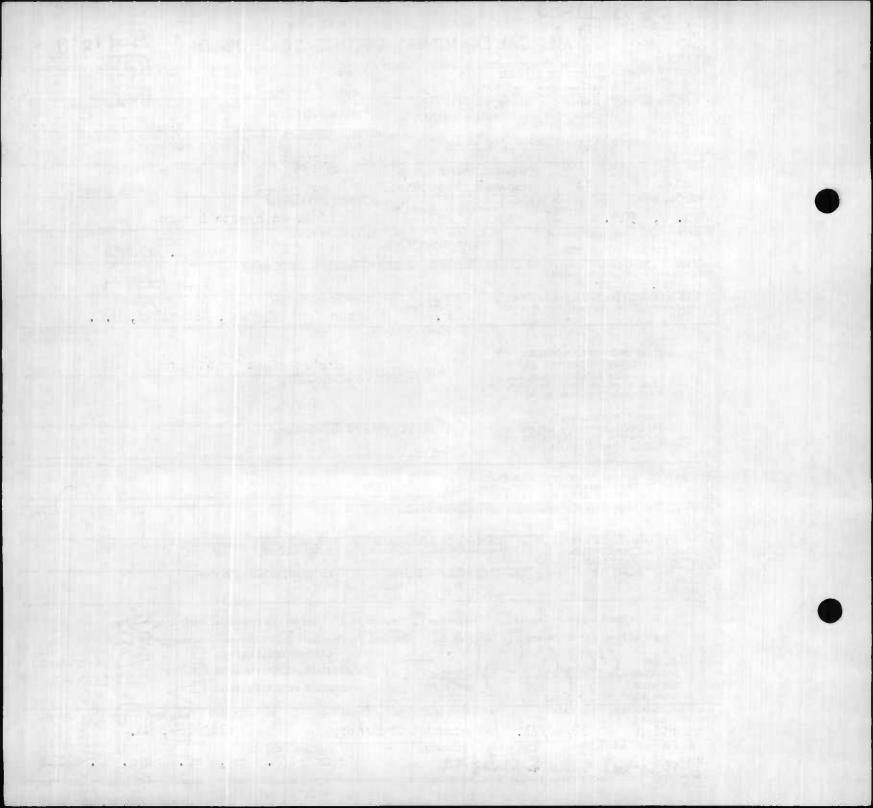
AZZZ S. Kurshym Resv. Toller. Ed.

LEGS THE COULD IN THE COURT OF

1	2.116		4 ~ 40	BALTIMORE CITY	HEALTH DEPARTMENT	1	71 11849	
BIE	TH NO.	71 1	1845	CERTIFICA	TE OF DEATH	REG. NO		
1. f (Ty	Pe or Print)				2. DATE	NO HOUR OF DEATH	120	<i>x</i>
3	PLACE IN BALTIM	tephen L.	Popol	i Wara area	1/2/	8/11	100.001	+ M.
3.	TEACE IN BALLINA	OKE MARIEAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE WA			ssion)
Ho	ILL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR TOWN	rkside Dr.		Parity
II.	STITUTION	4330 Par	keido	Dag	Baltimore	D. IN:	YES NO	
	00	4,7,70 1 81	ratue	DE	E. STREET AND NUMBER		11.0	
					4330 Parks:	ide Dr		
5, 1		RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Doys Hours N	Hes.
103	Male	Cauc	WIDOWED		Apr 27 1900	1 71		
dor	e during most of work	ing life, even if retired)			11. BIRTHPLACE (State or lor		12. CITIZEN OF WHAT COU	NTRY?
	et City	Govt	Insp	. Higwy Dep			USA	
13.	FATHER'S NAME	in an Da	1:		14. MOTHER'S MAIDEN NA	ME		
		rence Po	_			Amelia	Guarina	
15. (Ye	Was Deceased Eve s, no or unknown) (If	er in U. S. Armed Force yes, give war ar dote:	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE\$S	
	Yes	IWW		212-03-086	Mrs Margar	et Popoli	Same	
	18. 4/0	9 1		CAUSE OF DEATH	1		APPROXIMATE INTER	
		OR CONDITION DIR	ECTLY	ahless	As Coste	allo 1	Nina	
	(This does not	meon the mode of	dying, e.g.,	(A) MMEDIATE CAU	SE CONSEQUENCE OF:	Heary	104esse	
	heort failure, astl	henia, elc. It means calian which caused	the disease,	000000	I A A I I I I	· pleve	rie	
		ECEDENT CAUSES		OCCUT!	seems oris			
	DISEASES OR	CONDITIONS, if	iny, giving	DOE TO, OR AS	A CONSEQUENCE OF:	and the		
	rise to the c	above cause (A)	stating the	of Orex	210 alle	in lan		
		11		0000	10 0 0 1 1			
NO	OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING	OEY +	weens so	nac.		
AT	DISEASE OR COND	UT NOT RELATED TO TH	1 (A).	****************		***************************************		
CERTIFICATION	19A-DATE OF OP	ERATION 19B. CONE	OTTION FOR V	VHICH OPERATION	20A. AUTOPST? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING GA	FINDINGS CONSIDERED LUSES OF DEATH?	
CER	21A, ACCIDENT V	WAS UNDERLYING	218.	PLACE OF INTURY (e.g. is	or about 21 C. WHERE DID			
	OR CONTRIBUTIN	WAS UNDERLYING TO	ham etc.)	e, farm, foctory, street, of	or obout 21 C. WHERE DID	(it in oomno	re City, give exoct location)	
EDICAL		onth) (Doy) (Year)		INJURY OCCURRED	215 110111 212 11			
ME	OF INJURY	10077 (1007		le At Not White	21F. HOW DID IN	JORY OCCUR!		
			Wor	k L.J AI Wank		100		-
		t (I) (this hospital)		e deceased fram	79 B	19 0 10	19 /	
	- '	it saw the deceased		10		. /	Inian death accurred an the	date
	23A. SIGNATURE	am the causes state	ed above. (I) (We) (did) (did nat) v	ew the bady after death.			
	1/1/200	211/1/1/1/	to	Atte	nding Med.	Shelf -	23 B DATE SIGNED	
	23C. PHT SICIANES	A 11 10000	Wyla	DEGREE Phys	Director L	Staff Phys.	17/8/7/	
	23C PHT SICIAN'S NAME (Type)			1	3D. ADDRESS		,	
244	BURIAL CREMAT	Donald W.				Evergreen		
	REMOVAL (Speci	ify)		ME of CEMETERT OF CRE	0.00		ity, town, or county) (Sta	te)
25.4	Burial	12 21		Holy Red∈eme		Baltimor		
"	DEC 23	UZZ CHEST	258 NAME O	e A.D.	25C. FUNERAL DIRECTO		ADDRESS	
-	150-REV. 1/1/68				Leonard	J. Ruck,	Inc. Baltimor	·e,
VS								

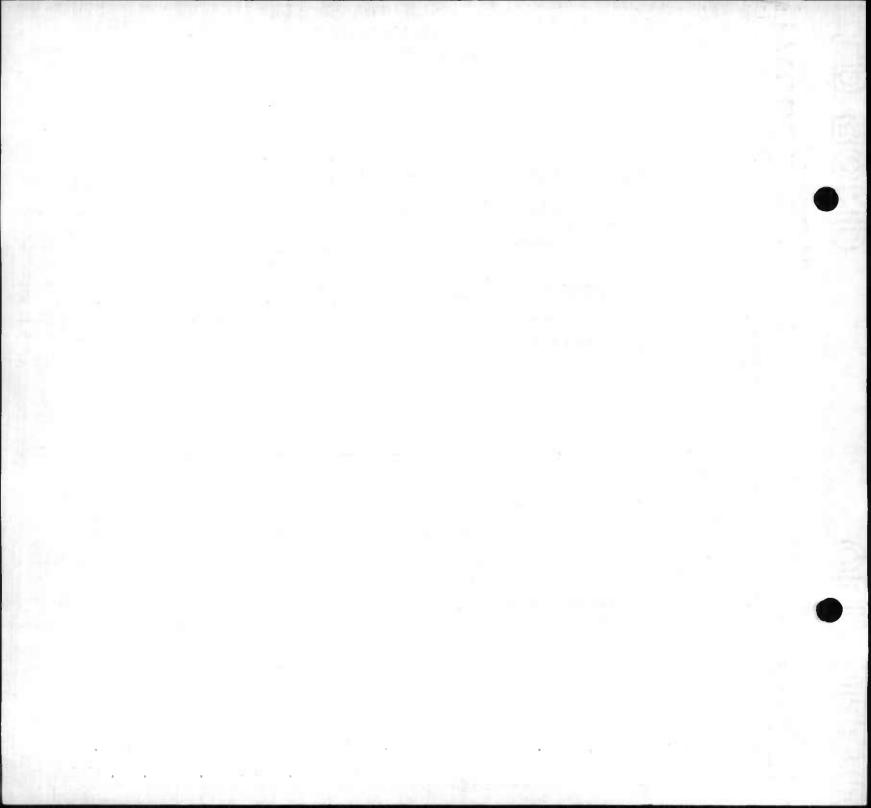


248, DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (State) REMOVAL (Specify) Baltimore, Md. 12/20/71. Greenmount Crematory Cremation 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Jaken K.D. Leona rd J. Ruck, Inc. Balto. Md. 21214 VS 151-REV. 1/1/68



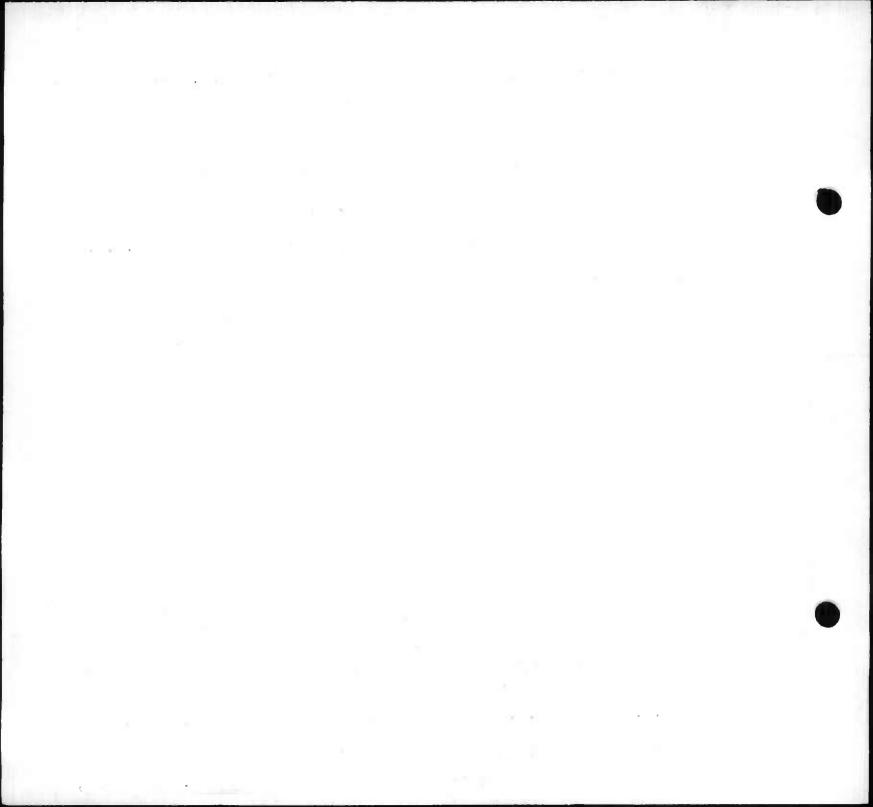
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	0 201	vera A	4051	BALTIMORE (CITY HEAL	TH DEPARTMENT			
	14 NO.	71 1			*	OF DEATH	REG. NO.	11801	
	AME OF DECEASED Print) RID	6844	MPS.	Hilda Ridgely	7)	2. DATE	AND HOUR OF DEATH	1 3:0	S P
3. F	LACE IN BALTIMORE	MARYLAND, W	HERE PRON	OUNCED DEAD	4, US	UAL RESIDENCE (W	here deceased lived. If in:		
HO	LL NAME OF SIF	NOT IN HOSPIT	AL OR INST	ITUTION, GIVE STREET		ARY LANT		ORE DE CITY LIMITS?	300
	Church	Home	4 H	rgital		BALTIMOR LEET AND NUMBER	0:130	YES N	∘⊠.
5. S	EX 16. RAC		-			LNLEAGR APT	*		
	F	BU	WIDOWE		5	. 10 - 98	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Days H	Under 24 Hrs. ours Min.
	USUAL OCCUPATION		10B KIND	OF BUSINESS OR INDUS	TRY 11. BIS	THPLACE IStole or fo		12. CITIZEN OF W	HAT COUNTRY?
R	ETIRED BO	RACTICAL	NURS	E		MARYLA	4D	U.	S.A.
13. 8	ATHER'S NAME	(7	11	14. M	OTHER'S MAIDEN N	AME		
		AMES S					LLISON		
(Yes,	Ves Deceased Ever in , no or unknown) (If yes,	give war of date	ces? s of service)	18. SOCIAL SECURITY NO. 213-03-362	4.	C. Edward	1 Kaci 1-	6611 MO	YER AUE
	18. // /	1		CAUSE OF DI	ATH (INKEINER,	BAITO	MATE INTERVAL
		ONDITION DI	RECTLY		1	cute Roma	e Shut don	1 1	NSET AND DEATH
	(This does not mean heart failure, asthenia	n the mode of	dying, e.g	(A) IMMEDIATE DUE TO, OR		EQUENCE OF:			2 ango
	injury or camplication			?.	Pu	EQUENCE OF:	nestism	3 a	y
	ANTECE	DENT CAUSES		(8)	22	immin	CHF	3 day	p, 3 days
II I	DISEASES OR COI	e couse (A)	any, giving	e	AS A CON	SEQUENCE OF:	1 1 1 1 1 1 1 1 1 1 		J
		11		(c)					
ATION	OTHER SIGNIFICANT C TO THE DEATH BUT N DISEASE OR CONDITION	OT RELATED TO TH	IE TERMINAL				-		
	19A-DATE OF OPERAT		DITION FOR	WHICH OPERATION	20 A	AUTOPSY? (Yes or !	10) 208. IF YES, WERE F	INDINGS CONSIDE	RED
A	21A. ACCIDENT WAS OR CONTRIBUTING DEATH Inotify medical	UNDERLYING CAUSE OF	21 he	B. PLACE OF INJURY (e. me, form, foctory, street	g, in or obo	21C. WHERE DID	(If In Boltimore	City, give exact loc	ation!
	21 D. TIME [Month]	[Dey] [Yeor)		E INJURY OCCURRED		21F. HOW DID IN	IJURY OCCUR?		
	IAPPROX.)		W	hile At Not \	While				
	22. I certify that (1)	(this hospital) attended	the deceased from	12	- 118 11	19 7/ 10	12-18	19_7/_
	that (i) (we) last so	w the decease	d olive on,	12-18-	7/_1	9and 1	that In(my) (our) opin	Ion death occurr	ed on the dote
		he causes stat	ed abave.	(i) (We) (did) (did no					
	23A. SIGNATURE			140		- 44-4		238, DATE SIGNED	
	ma- El	mn V.	manz	any orther	Attending Phys.	Med. Director	Shaff Phys.	12-18-	71
	MAINE LIPPEI				23D. AD	-			
24A	MA ELET	VA V. I	MANG	NAME of CEMETERY OF	REE /C	O N Bear	annay B	actime	ma.
	REMOVAL (Specify)	70/00/77	240.1	Onlal and 1 and	CREMATOR		LOCATION O (OII)	, town, or caunty)	(State)
25A.	Burial DATE REC'D BY HEA	12/22/7]	25R NAAAS	Oakland Mot		etery	Carroll Co		
	DFC 23 197	Pole 3					ack, Inc. Bal	to. Md. 21	
VS 1	50-REV. 1/1/68	(Coccept)	120 Village	Charles and the same of the sa					

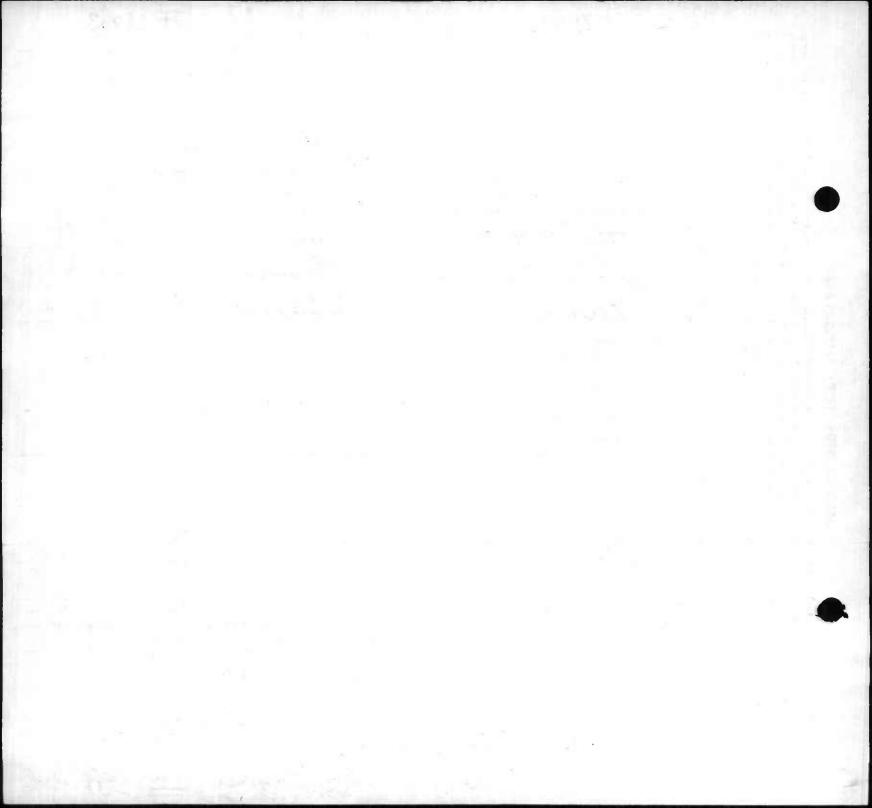


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1	-6-1-5	TE OF DEATH REG. NO. 71 11852
		THE STATE OF	TE OF DEATH REG. NO. /1 11000
		AME OF DECEASED	2. DATE AND HOUR OF DEATH
	3. I	Llizabeth L Knight PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	December 20, 1971 3:00 A M. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) 8. COUNTY
	FUI	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	Maryland
	INS	SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	1	00	Baltimore YES NO [
		3306 Ravenwood Ave	E. STREET AND NUMBER
	5. S	EV L DAGE	3306 Ravenwood Ave 8. DATE OF BIRTH 9. AGE (In years 1) Under 1 Ye. If Under 24 His
	44.0	emale White WIDOWED DIVORCED	lost bishdoyl Months Doys Hours Min.
	١٥٨.	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	Aug. 24, 1900 71
	done	during most of working life, even if retired[
		detired Switchboard Operator	Maryland U.S.A.
.			IN MOTHER 3 MAIDEN NAME
		Villiam T Monk Vos Deceased Ever In U. S. Armed Forces? 16. SOCIAL	?
	Yes	no of unknown! (II yes, give war of dotes of service) SECURITY NO.	17- INFORMANT ADDRESS
		No	Mr Hugh S Knight Jr 7711 Hillsway
		18. 4 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Coso - The hard
		(This does not meen the made of dying, e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:
		heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	14.010
		ANTECEDENT CAUSES	15 110/18/10 (-V-/)18ear 0
	- 1		A CONSEQUENCE OF:
		rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C)	
	1		***************************************
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	⋖	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A).	
	CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	S	21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., i	
	31	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, fociory, sheet, of office)	n or obout 21 C. WHERE DID (If In Baitimore City, give exect location) (Injury OCCUR?
	man I.		
	51	OF INJURY	21F. HOW DID INJURY OCCUR?
- 11		Work L At Work	
	- 1	22. I certify that (1) (this hospital) attended the deceased from	8/1/ 1965 to 12/7/ 19.7/
	- 1	that (I) (we) last sow the deceased alive on 12/13	19and that In(my) (ow) opinion death occurred on the date
		ond have and from the couses stated above. (1) (We) (did) (did not) v	
	ľ		nding SO Med. Shaff
H		DEGREE Phys	Director Phys.
	1	NAME (Type)	23D. ADDRESS
:	244	L.B. Stevens M.D. DEGREE	3400 Erdman Ave Baltimore, Md
	c 4 A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
		Burial 12/23/71 Darlington	Harford County Maryland
	25A.	DFC 23 1971 DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	/s 1	Sheer 1/1/4	Leonard J. Ruck Inc. Baltimore, Md

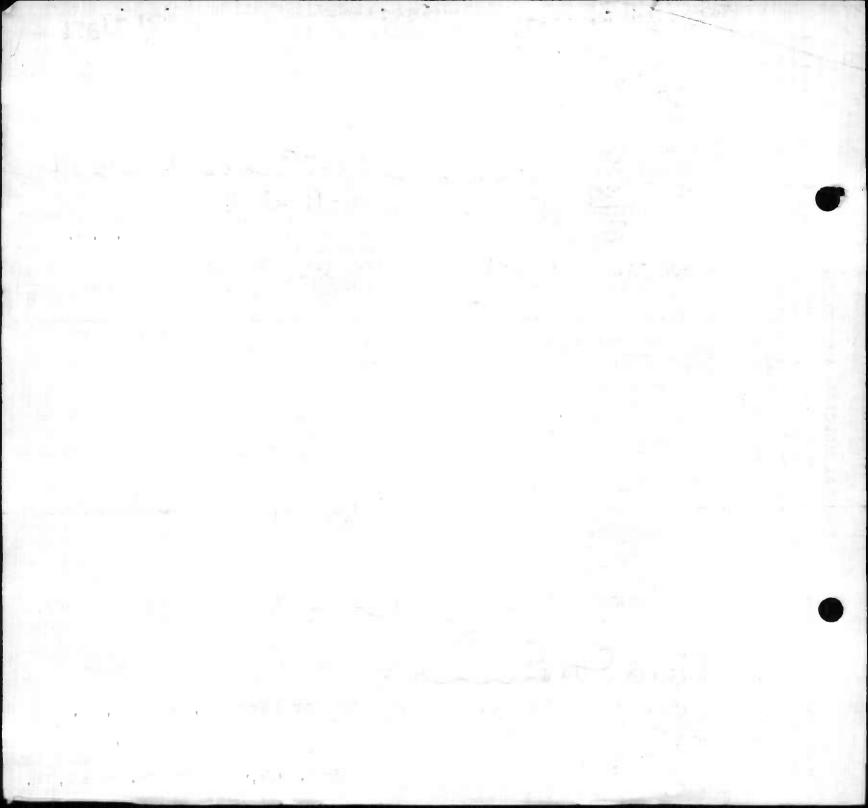


V-941 74 41052	BALTIMORE CITY	HEALTH DEPARTMENT	74 4	4053
	CERTIFICA	TE OF DEATH	REG. NO.	1900
I. NAME OF DECEASED	. 0		HOUR OF DEATH	
Type or Printl John P. Ko	ciolete			1 415 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution	residence before admission)
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTIO	N. GIVE STREET	Mad		2505
HOSPITAL OR ADDRESS OR LOCATION	N. OIVE SINCE!	C. CHEY OR TOWN	D. INSIDE CIT	LIMITS?
		130tto	YES	No 🗌
South Baltimore General H	ospital	1221	60	
III , I monde D	EASY MONKINED	llo.	AGE (In years If Un st birthday) Month	der 1 Yr. If Under 24 Hrs.
		6-10-31	46	
done during most of working life, even if refired)	NESS OR INDUSTRY	11. BIRTHPLAGE (State or loreign	1 country) 12. C	ITIZEN OF WHAT COUNTRY?
Tirelietter Parte	City	Ja		USA
13. FATHER'S NAME	- 0 /	14 MOTHER'S MAIDEN NAM	01	0 0
Heter Vices	leh.	Tranc	es Ira	duch
15. Was Deceased Ever in U. S. Armed Forces?		17. INFORMANT		ADDRESS
	1820 V3	Nohner 12	reseleti -	Rlove
18, 11 30 61	CAUSE OF DEATH	Belles	,000	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0 +1	1. 1/2 1/200	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUS	is Jevere melano	110 arcalosis	2 days
heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:		
	D.	tool comment	Dar Dilaira	1
	(B)	muey Crearae	inew cyanic	1 week
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	CONSEQUENCE OF:	V	
UNDERLYING CONDITION lost.	(c)	***************************************		*******************
_ 11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	H OPERATION	120A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDING	GS CONSIDERED
WAS PERFORMED		1/0	IN CERTIFYING CAUSES OF	F DEATH?
On contractional of the street of	CE OF INJURY le.g., in	or obout 21C. WHERE DID	(If In Boltimore City, g	give exact location)
DEATH (notify medical examiner)	m, toctory, street, on	ce pidg. INJURY OCCUR!		
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJ	JRY OCCURRED	21F. HOW DID INJUI	Y OCCUR?	
₹ (APPROVI	Not While			
			71 to 12 -	17 19.7/
that (i) (we) last sow the deceased alive on	12-11	19 7/ and that		
and hour and from the causes stated above. (1) (W.) (414) (414 pas) vi	au the hade after door	intiny (con) opinion de	offi occorred on the date
23A. SIGNATURE	y (ate) (ata ilot) VI	ew the body offer deoffi.	23 B. D.	ATE SIGNED
I Was Min		ding Med. St	off 45C	2-17-71
	DEGREE	D ADDRESS CO O/ 6	3 // 1	of Handall
NAME LIYPER SUCUMII KIN	io MD	South 13	Attimore (Fre	and House 1
24A. FURIAL CREMATION, 124B. DATE 124C. NAME	DEGREE OF CREA		ATION 1 CON town	or county) (State)
MAL (Specify) (Block) (Cold	1/1/21	Com/ L	60th 1	f rims
ESA, DATE REC'D BY HEALTH DEPT 258, NAME OF RE	GISTRAR :	25C, FØNERAL DIRECTOR	17	ADDRESS)
	A SO	Helia Kua	e.a O Home	Solle had
VS 150-REV. 1/1/68		21200 Fe	de de	1000
	Continued Cont	EIRTH NO. 1. NAME OF DECEASED Type or Print	SER IN BACTIMORE MARTLAND, WHERE PRONOUNCED DEAD 3. PLACE IN BACTIMORE MARTLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE INVINE BASTATE ARE 5. SER SAACE PLOYA HOSPITAL OR INSTITUTION, GIVE STREET WINDITUTION 5. SER SAACE PLOYA HOSPITAL OR INSTITUTION, GIVE STREET WINDITUTION 5. SER SAACE PLOYA HOSPITAL OR INSTITUTION, GIVE STREET WINDING PLOY IN HOSPITAL OR INSTITUTION, GIVE STREET SOUTH BALTIMORE GENERAL PRONOUNCED S. DATE OF BIRTH PLOYA HOSPITAL OR INSTITUTION S. STREET AND NUMBER R. COUNTY WINDITUTION S. STREET AND NUMBER R. COUNTY WINDING PLOYA HOSPITAL OR INSTITUTION, GIVE STREET SER SAACE PLOYA HOSPITAL OR INSTITUTION, GIVE STREET PLOYA H	ENTH NO. INAME OF DECARED IN ADDRESS OR LOCATION S. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD IN HOSTITAL OR INSTITUTION, GIVE STREET HOSTITAL OR HOSTITAL OR INSTITUTION, GIVE STREET HOSTITAL OR HOSTITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION MISTITUTION S. BACK B. BACK B. BACK WEARAND WHO DIVIDED IN ADDRESS OR LOCATION IN ADDRE



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

0	BALTIMORE CITY	HEALTH DEPARTME	NT	· · ·
D-162 71 11854		TE OF DEAT		71 11854
Type or Pant) Roll The Spears	PEARS	. 1:	2-16-71	13 P.M.
3. PLACE IN BALTIMORE MARTIAND, WHERE PRONOUNCE Church Home & Hospital FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) INSTITUTION ADDRESS OR LOCATION) AND AND AND AND AND AND AND AND AND AND		A. STATE B.	Overlea D. IN	Institution: residence before admission) ISIDE CHY LIMITS? YES NO
Female White Whowed	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In Wars lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BU done during most of working kip, even if refired) 13. FATHER'S NAME	SINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign coonny) ennsylvania	12, CITIZEN OF WHAT COUNTRY? U. S. A.
Charles Campbell		Ruth	H yatt	
15. Was Deceased Ever in U. S. Armed Forcest (Yes, no or unknown) liff yes, give war or dotes of service)	SOCIAL SECURITY NO. 26325266	A - Jam	solon b	Church Hame HASD.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	ston fell.	the Carcin	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury of camplication which caused death.)	(A) IMMEDIATE CAUS DUE TO, OR AS A	CONSEQUENCE OF:		
ANTECEDENT CAUSES	(0)			
DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHILE WAS PERFORMED	ESOP NA	2 2 2 2 m	Je Burguise	Furl
19A DATE OF OPERATION 19B CONDITION FOR WHILE	O ML	20A. AUTOPSY? (Yes	ONO 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRBUTING CAUSE OF home, i	CE OF INJURY (e.g., in orm, factory, street, effi	bldg. INJURY OCC	The Way	ere City, give exact location)
(APPROX.) While A Work	At Work	21F. HOW DI	D INJURY OCCUR?	me
22. I certify that (1) (this hospital) attended the dithat (1) (we) last sow the deceased alive an	eceased from 6	19 7	ind that In (my) (our) op	19.7
and haur and from the causes stated above. (1) (W	e) (did) (did not) vi	ew the body after de	eath.	
23a. SIGNATURE D'utri & Hell On 23c. PHYSICIANS	photes Phys.	ding Med. Director	Shaff Phys.	12/16/71
NAME (Type)	AMMINI		& Hospital, B	altimore. Md
	of CEMETERY OF CREA			City, town, or county) (Stote)
Burial 12/20/71 Parkwo	od Cemetery			ltimore,
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	EGISTRAR	25C. FUNERAL DIR	ECTOR	ADDRESS
DEC 23 1971 Robert E. Faller VS 150-REV. 1/1/68	40000			e Ave. Dundalk, Md.



1	1021	HEALTH DEPARTMENT	A A
BIR	TH NO. CERTIFICA	TE OF DEATH X REG. NO. 71	11855
I. N	AME OF DECEASED Sarah Jane Garrison Fair	2. DATE AND HOUR OF DEATH	- 11-
_	SARAH JANE GARRISON FAIR PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD	12/16/7/	1 2:15 PM
		A STATE & COUNTY Md. Baltimore	nution: residence before damission)
HO	LL NAME OF JIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DISPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDI	E CITY LIMITS?
1	Baltimore City Hospital		YES NO K
	4940 Eastern Avenue Balto., Md. 21224	E. STREET AND NUMBER	R. (21219
. \$	EX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months! Doys Haurs Min.
	Female aucasian WIDOWED DIVORCED	3-2-95 10st Difficory)	Tomas Doys Hoors
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY aduring most of working life, even if refired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife	Virginia	U.S.A.
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
	Nathan Lane	Clara ?	
S. Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! (If yes, give war or dates at service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
N	O (? NONE-01-1537	BCH Records 4940 Eastern	Ave. 21224
	18. CAUSE OF DEATH		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	0	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAU DUE TO, OR AS	A CONSEQUENCE OF:	
	heart failure, asthenia, etc. It means the disease, Injury or complication which coused death.)	A CONSEQUENCE OF:	
		· · · · · · · · · · · · · · · · · · ·	
	DISEASES OR CONDITIONS, If ony, giving (6) DUE TO, OR AS	ac Irregularity A CONSEQUENCE OF	
	rise to the above cause (A) stating the	•	
	UNDERLYING CONDITION leet. (C)		
HON.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	emic Rowel	
CERTIFICATIO	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY 10.00.1		City, give exact location)
_	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in local contribution and contribution of the con	fice bldg. INJURY OCCUR?	
	21D. TIME (Manth) IDay) (Year) (Hour 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
Ž	OF INJURY IAPPROXI While At Not While At Not While At Work	• 🗆	
	22. I certify that (i) (this hospital) attended the deceased from	12/5/7/ 19 10 /2/	16/7/ 19
	that (1) (we) lost saw the deceased alive an 12/16/7/	and that in(my) (our) apini	
	and hour and fram the couses stated above. (i) (46) (did not) v		an adam occored on the date
	23A. SIGNATURE		23 B. DATE SIGNED
	RICHT J. (TWA) Attended	inding Med. T Stoff T	12/16/71
	23C.PHYSICIAN'S	23D. ADDRESS	
	NAME (Type) Robert L. Ruxin Mil DEGREE	Baltimore City Hospitals 4940 Eastern Aven. Balto.	Md. 21224
24/	A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CRE		town, or county) (State)
B	urial (Specify) 12/20/71 Holly Hill Memor		imore, Maryland
25/	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	John J. Duda, 7922 Wis	ADDRESS
	1 April 0 A A A 7 A 1.5	JOHN J. AMING. 7927 Wile	A ATTO. hundalk Ma
	DEC 23 1971 R. S. E. Jackey M. D.	Ducige Funeral Home	e Ave. Dundalk, Mo

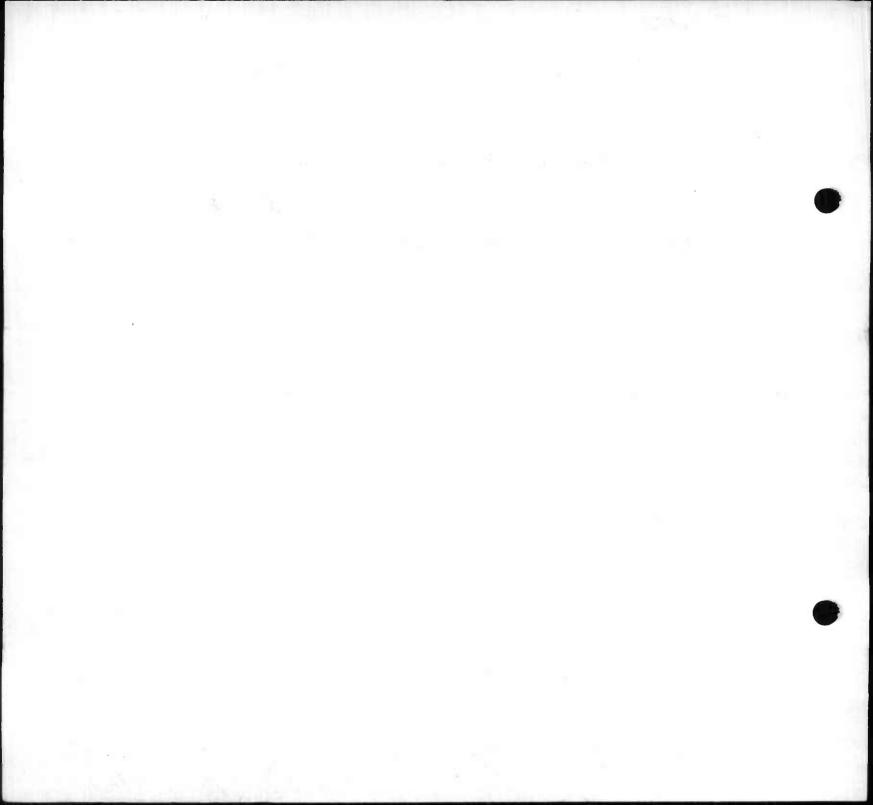
This certificate must be approved by the chief medical examiner or his assistant if death occurred in o hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

Secretary prid managed

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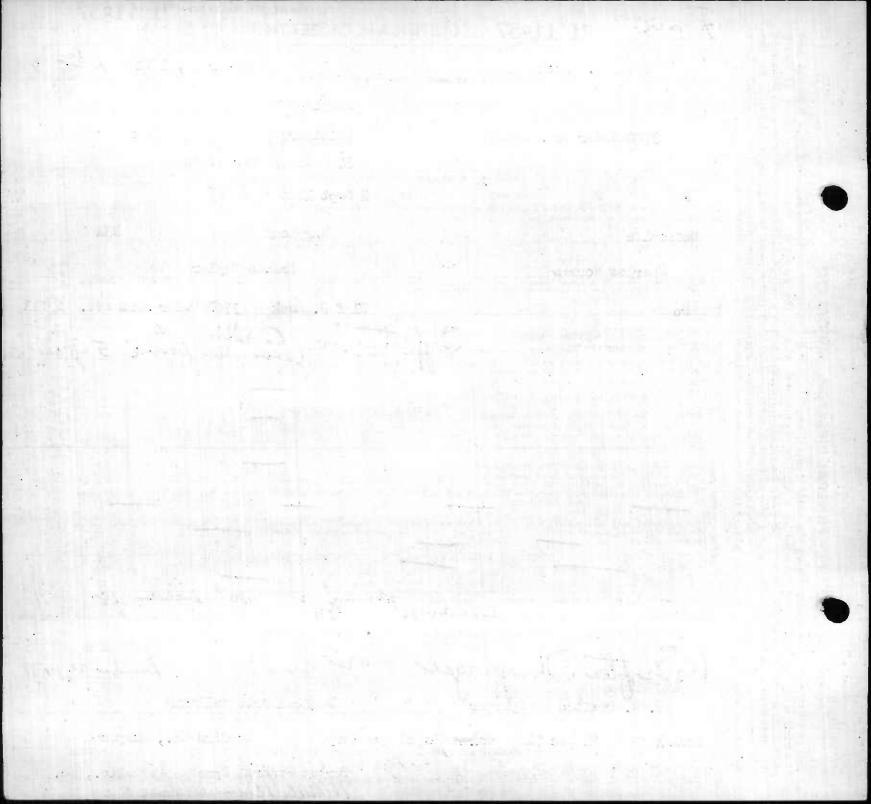
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made:

H					
	71 11856 CEPTIEIC	TY HEALTH DEPARTMENT			
RI	CERTIFIC.	ATE OF DEATH REG. NO. 71 11856			
1.	NAME OF DECEASED	2 DATE AND HOUR OF DEATH			
IIIT	pe or Print OFFUTT MRS. ALOIS C				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
1 5	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	MARYLAND LAND			
II.	OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
	342	BALTIMORE YES D NO			
	BON SECOURS HOSPITAL	E. STREET AND NUMBER 146 MEADOWRIDGE RD. 21221			
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	1 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Ye Il Hades 24 Her			
1/2	EMBLY WHITE WIDOWED DIVORCED	JAN / 1895 lost birthdoy Months Doys Hours Min.			
10	A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRING during most of working life, even if retired)	17 11. BIRTHPLACE (State of lareign country) 12. CITIZEN OF WHAT COUNTRY?			
	11.61				
13	FAIRERS NAME Whiskey Distillery	14. MOTHER'S MAIDEN NAME			
	JOHN 12 COLLINS				
16		AGNES ANDERSON			
(Y	Was Deceased Ever in U. S. Armed Forces? s,no or(unknown) (il yes, give wor or dotes of servicel SECURITY NO.	17. INFORMANT ADDRESS			
		Illrs Audrey Lee 35/2 Hickory Au			
	18. CAUSE OF DEA	TH APPROXIMATE/INTERVAL			
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	IUSE INTROCTable consessione			
	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It meons the disease,	S A CONSEQUENCE OF: Reary failure			
	injury or complication which caused death.)				
	ANTECEDENT CAUSES	long rangle conclete Vascular			
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	SA CONSEQUENCE OF: Ch 50 ang.			
	nse to the obove couse (A) stoling the				
	(0/====================================	***************************************			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
5	19A- DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED			
ERTIFI	WONE WAS PERFORMED DIA	IN CERTIFYING CAUSES OF DEATH?			
ΰ	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)			
CAL	DEATH (notify medical examine)	office bldg. INJURY OCCUR?			
EDIC	21D. TIME (Month) (Dov) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
×	OF INJURY (APPROX) While At Not Wh				
	Mork At Work				
	22. I certify that (I) (this hospital) attended the deceased from	NOV 8 197/ to Dec 17 197/			
	that (1) (we) lost sow the deceased alive on LIDE / 7	19ond that In(my) (our) opinion death occurred on the date			
	nd hour and from the causes stated above. (1) (We) (dld) (dld not) view the body after death.				
	23A. SIGNATURE	23B, DATE SIGNED			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ending Med. Stoff Director Phys. Dec. 17 1671			
	23C. PHYSICIAN'S	23D. ADDRESS			
	NAME (Type)	BON SEEDURS HOSPITAL			
24/	SERIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CR	FMATORY 120 100 100 100 100 100 100 100 100 100			
1 9	REMOVAL (Specify)	EMATORY 24D LOCATION (City, town, or county) [5(ote)			
35	JUNIZ/ LIVEGTI GIEN HAVEN	(em Gen Durnie Atto Md			
125/	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25G FUNERAL DIRECTOR ADDRESS			
-	DEC 25 1971 Variet & Valley 123	A Durgee Funeral House Biltone			
A 9	150-REV. 1/1/68				



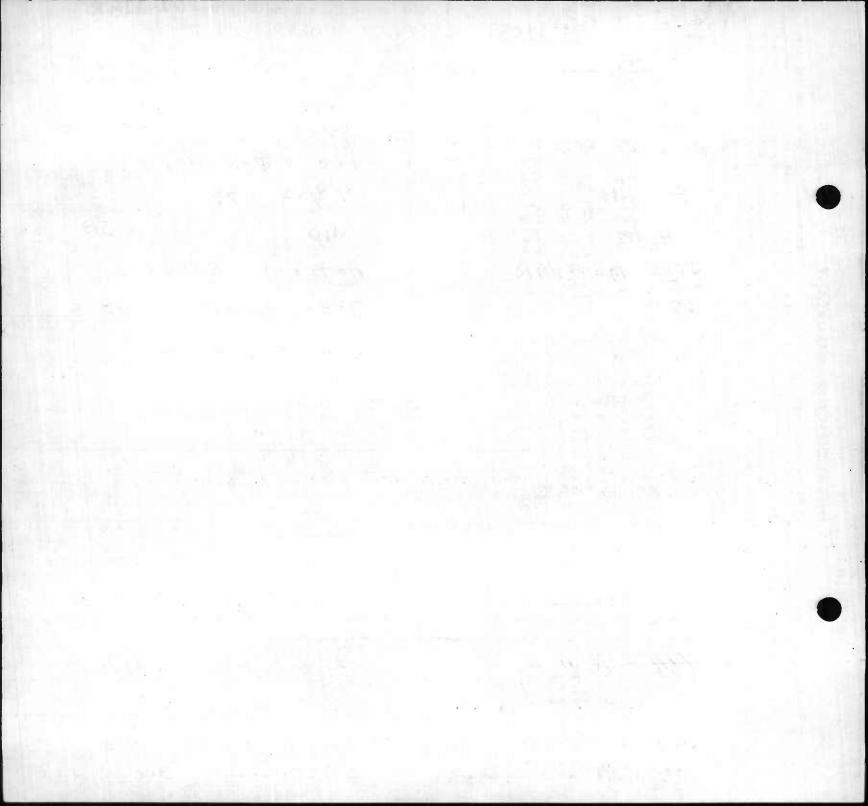
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be approved by the body was released to the hospita shows: (1) An accident of any nature; was D.O.A. at a hospital (except whe deceased prior to death); and (6) Nowritten approval must be obtained be

-	7	BALTIMORE CITY	HEALTH DEPARTMENT		71 11857
X	-200 71 1185	7 CERTIFICA	TE OF DEATH	REG. NO	17 77001
1. NA	ME OF DECEASED		2. DATE A	ND HOUR OF DEAT	Н
(Туре	or Print)		De	ecember 18,	1977 1 2 30 Du
3. P	Ethel N. Rask ACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admission)
}			A. STATE B. COU	NTY	1700
FUL	NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Maryland c. city of town		1341
INST	ITUTION ADDRESS OF LOCATION)		C. CITY OF TOWN	D. In	NSIDE CITY LIMITS?
	3700 Tudor Arms Ave	nije	Baltimore		YES NO
1	70 3100 -4402 4021111	2,00	E. STREET AND NUMBER		
			3700 Tudor 4	Arms Avenue	
5. SE	X 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
		WED DIVORCED	4 Sept 1886	85	74.01.5
t0A.	USUAL OCCUPATION (Give kind of work 10 B, KIN				12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)				
	Housewife		Maryland		USA
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	Charles Marris		Aman	da Taylor	
5. W	Charles Norris	1 6. SOCIAL	17. INFORMANT	M TOYLOL	ADDRESS
Yes,	(os Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of ser	SECURITY NO.			
	No		Olaf S. Rask	3700 Tud	or Arms Ave. 21211
1	B. L.f. / C.	CAUSE OF DEATI	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	9/00		rdo	2 BETWEEN GROET AND BEATT
	LEADING TO DEATH	cety here	wave , ca	C. K	esemple 5 Upara
	(This does not mean the mode of dying,	e.g., DIF O OR AS	A CONSEQUENCE OF:	en ov	The state of the s
	hearl failure, asthenia, etc. It means the dis	ease,	CONTRACTOR OF C		
			9-		
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any,	9	A CONSEQUENCE OF:		
	rise to the obove couse (A) stating UNDERLYING CONDITION last.				
1	ONDEREITING CONDITION 10SI,	(C)			
z					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).		120 A ALLEGRANG (V)	1-1 200 to wee the	C CINDINGS CONCIDENCE
ERTIFIC	9A. DATE OF OPERATION 198. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or h	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ERT		***************************************			
. 1	21A. ACCIDENT WAS UNDERLYING TO	21B. PLACE OF INJURY (e.g., i	fice bldg. INJURY OCCUR?	(If tn Baltin	nare City, give exoct location)
A	DEATH (notify medical examiner)	etc.)			
EDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
5	While At The While				
	(APPROX)	Wark At Wark			
	22. I certify that (I) (this haspital) atten	ded the deceased from F	ruar 12	1970 to Dace	enter 18 19 7/
	that (1) (we) lost saw the deceased alive	- Docember 16			
	nat (i) (we) lost saw the deceased dilve	1	a.h.\1.\1ana t	nat in (my) (aur) o	plnian death accurred an the date
	and hour and from the causes stated aba	ve. (1) (We) (did) (did nat) v	iew the bady after death	•	
23A, SIGNATURE 23B, DATE SIGNE					
	17/1		nding Med.	Stoff	1 1 25 1671
	23C. PHYSICIAN'S	DECLE Phy	23D. ADDRESS	Phys. 🗀	presser 1- 19 11
	NAME (Type				
	Dr. W. Grafton Hersp	erger OEGREE	Medical A	rts Buildin	ng
24A.	BURIAL CREMATION, 24B. DATE	4C. NAME of CEMETERY of CRE			(City, town, or county) (State)
	REMOVAL (Specify)	II 017 0	amatan.	Hanford C	Manyl and
	Burial 21 Dec 71	Union Chapel C			o., Maryland
25A.		ME OF REGISTRAR	25C. FUNERAL DIRECTO	OR 1	ADDRESS
	FC 23 1971 VAR & C	May M.D.	Burgee Fund	ral Home	A Balto, Md.
VS 1	50-REV. 1/1/68		Winnie It	15/1/11/	h



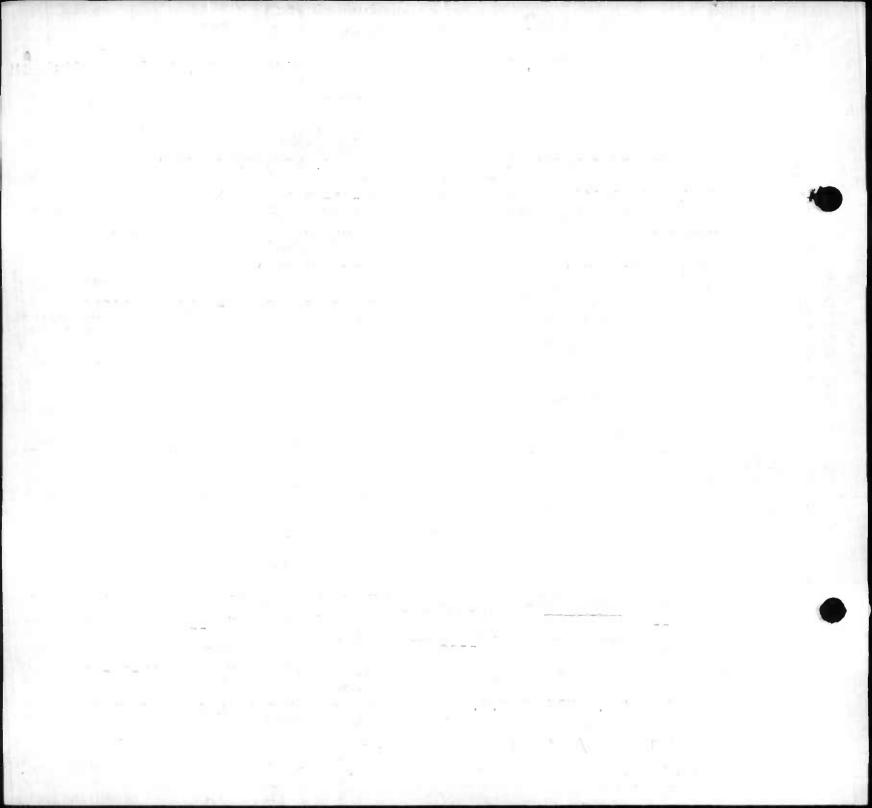
12			Y HEALTH DEPARTMENT REG. NO.	1 11858
BIRTH	No. 600 71 1	11858 CERTIFICA	ATE OF DEATH AREGUND.	
	or Print) JOSE PHIM	LE BERGER		971 1130 P.
3. PLA	ACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admis
HOSPI	NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATUTION	AL OR INSTITUTION, GIVE STREET ATION)		ALTO INSIDE CITY LIMITS?
2	2000	BELDIR RD.	ESSEX	YES NO
HO	OUSE OF PIMES	5 - DELAIR II	4-08 TATOR AU	<u></u>
5. SEX	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
	FW	WIDOWED DIVORCED	3/9/92 79	
	SUAL OCCUPATION (Give kind of work luring most of working lite, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COU
			MD	USA
13. FA1	THER'S NAME		14. MOTHER'S MAIDEN NAME	
7	JOHN MELCHI	AR .	ANTONIA BER	AN
15. Wo:	os Deceased Ever in U. S. Armed For	ces? 1 6. SOCIAL	17. INFORMANT	ADDRESS
tres, no	(If yes, give war ar date	s of service) SECURITY NO.	JOHN BERGER	ABOVE
1B.		CAUSE OF DEA		APPROXIMATE INTER
ris U	DISEASES OR CONDITIONS, il ise to the above cause (A) UNDERLYING CONDITION last.	slaling lhe (C)	the Bilits 1/4 by anyoni	
A DI	O THE DEATH BUT NOT RELATED TO THE ISEASE OR CONDITION GIVEN IN PAR	(T 1 (A).		
ERTIF	PA. DATE OF OPERATION 19B. CON WAS PER	FORMED	h IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
_ 01	1A. ACCIDENT WAS UNDERLYING CR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g. home, form, factory, street, etc.)	, in ar about 21 C. WHERE DID (If In Bolt office bldg., INJURY OCCUR?	imore City, give exoct locotion)
SOF	1 D. TIME (Month) (Doy) (Yeor) F INJURY APPROX.)	(Hour) 21E, INJURY OCCURRED While At Not Will Work At Wo	k 📙 / /	
22	2. I certify that (I) (this hospital	l) attended the deceased fram	6/27/ 19 7/ ta	12/18/197/
1 1.	nat (1) (🖚) last saw the decease	1.		aplnian death accurred an the
an	nd haur and fram the causes stat	ted abave. (I) (Wa) (Hill) (did nat)		
23/	BA. SIGNATURE	0		238, DATE SIGNED
1/	(Mbut B Drest	Clas DEGREE A PI	Med. Staff Phys.	12/20/71
23	C.PHYSICIAM'S NAME (Type) Albert B. Bra	adley, M.D.	4900 Belair Road	21206
	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of C	E	(City, town, or county) (Sto
	REMOVAL (Specify)	/		
25A. D	BURIAL 12/21/	71 GARDEIUS 6	F FAITH BALTO	. MD

25C. FUNERAL DIRECTOR writte REC'D BY HEALTH DEPT. 258. NAME OF RECISIRAR 25A. DATE ADDRESS J. G. CONNELLY 300 MACE VS 150-REV. 1/1/6B



Also, if the direct or contributing cause of death reof any kind; (4) Undetermined cause; (5) Deceased nounced death was in regular attendance on the attendance on the deceased prior to death. Such imed or final disposition is made.	BIRTH NO. 1. NAME OF DECEAS (Type or Print) 3. PLACE IN BALTIM FULL NAME OF HOSPITAL OR INSTITUTION 5. SEX 6. FEMALE 10A. USUAL OCCUPA done during most of work HOUSEWIF 13. FATHER'S NAME JOSEPH 15. Was Deceased Ev (Yez, no or unknown) Uf 18. DISEASE (This does not
This certificate must be approved by the chief medical examiner or the body was released to the hospital by a medical examiner. A shows: (1) An accident of any nature; (2) Body burns; (3) A fracture was D.O.A. at a hospital (except where the physician who prono deceased prior to death); and (6) No physician was in regular at written approval must be obtained before the remains are embalm	heart foilure, as Injury or compliant of the University of the Uni

M BALTIMORE CITY	HEALTH DEPARTMENT
M-262 71 11859 CERTIFICA	TE OF DEATH REG. NO.
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Phint) MAGROGAN, LOUISE	DECEMBER 19, 1971 12:25
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOGATION)	MARYLAND 2008
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. (NSIDE CITY LIMITS?
113	BALTIMORE YES NO
ST AGNES HOSPITAL	266 S. MONASTERY AVENUE
ST AGNES HOSPITAL 5. SEX 6. RACE 7. MARRIED 7. NEVER MARRIED 7.	8. DATE OF BIRTH 19. AGE (la vegts If Under 1 Ye., If Under 24 Hrs.
FEMALE CAUCASIAN WIDOWED DIVORCED	08-01-07 (ast birthday) Months Days Haurs Min.
IOA USUAL OCCUPATION (Give Lind of work 108, KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if refired) HOUSEWIFE	MARYLAND USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
100EDIL DILIDOTEIN	MARY (MARTIN)
JOSEPH BILDSTEIN 15. Was Deceased Ever in U. S. Armed Forces? 11 6. SOCIAL	MARY (MARTIN) 117. INFORMANT ADDRESS
15. Was Decessed Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give war or dates of Bervice) SECURITY NO.	
	ST AGNES RECORDS-BALTO MD 21229
18. CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ISF CVA (cerebral rasaclar Accident)
(This does not mean the mode of dying, e.g., (A)IMMEDIATE CAL	A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS	A CONSEQUENCE OF:
nise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
12/3/7) PA-DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED COLON - Benige	20A. AUTOPSY? (Yes of No.) 20B. (F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21311 polyp-colon-Bengy	NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF (NJURY (e.g., 1 OR CONTIBUTING CAUSE OF home, farm, foctory, street, of otc.)	n or about 21 G. WHERE DID (If in Baltimare City, give exact location) (NJURY OCCUR?
DEATH Inotify medical examined etc.) 21D.TIME (Manth) [Day) (Year) (Hand 21E INJURY OCCURRED While At The Not While At The N	21F, HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work At Work	
22. I certify that (i) (this hospital) attended the deceased from NO	VEMBER 29 19 /1 to DECEMBER 19 19 /1
that (i) (we) last saw the deceased alive on DECEMBER 19	19.71 and that in(My) (our) apinion death accurred an the date
and hour and fram the causes stated above. (1) (We) (did) (did not)	riew the body after death.
23A. SIGNATURE	23B, DATE SIGNED
Lewy B Bucklu MD DEGREE Phy	Inding Med. Stoff Med. 12-19-71
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
I FROY B. BUCKLER M.D.	ST AGNES HOSPITAL CATON & WILKENS AVE
24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of CR	
Burial 12/22/1971 New Cathed	Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 29 1971 BALLE MARY MA	G. Truman Schwab 3512 Frederick Ave.



VS 151-REV. 7/1/68

4-132 71 11860 BALTIMORE CITY HE		24 44 000
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. 1	61 1186U
I. NAME OF DECEASED T	2. DATE Known Month Doy	Year Hnur
(Type or Print) IRENE HARTIG	OF DEATH Estimoted	AA
4-PLACE IN BALTIMORE, MARYLAND, WHERE PRONQUINCED DEAD	3. DATE Month Doy PRONOUNCED DEAD December 17, 1	Yeor Hour 7:40 A.
HOSPITAL ADDRESS ORTOCATION, SUPESTRES OR TOCATION	3. USUAL RESIDENCE (Where deceased lived, If Instit	N
Patapsco Overpass	A. STATE Maryland B. COUN	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSID	DE CITY LIMITS?
Female White WIDOWED DIVORCED	Elen Burnie	YES NO NO
9. DATE OF BIRTH 10.AGE (In years lost birthdoy) 42 Months Doys Hours Min.		
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? LIS A	13. FATHER'S NAME (************************************	Gsell
IAA.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME	laumesser
Housewife Own Home		DIMESTOR
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown);(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	IB. INFORMANT	ADDRESS
No None timerous		usband Same as
19. 3/2, 0, S.S. 206-22-1287 CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTE.	e Injuries	
LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE (DUE TO, OR	CAUSE AS A CONSEQUENCE OF:	
heart loilure, osthenia, etc. it meons the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF	
ANTECEDENT CAUSES (8) DISEASES OF CONDITIONS, IF ANY, GIVING	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		yes
222A. EXTERNAL CAUSE WAS UNDERLYING TO COURTED. LONG THE LONG TO CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, loctory, street, office Street 222D. TIME (Month) (Day) (Year) (Hour) 122F IN 1187 OCCUPRED.	in or obout 22C. WHERE DID (If in Boltimore City, give bidg., etc.) INJURY OCCUR? BaltoWash. Express	e exact location) 15 72
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22E. HOWDID INJURY OCCUP?	
(APPROX.) 12-17-71 7:20 A. m. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE Driver in auto-auto o	collision
23,		
	and that on this basis, death in	my opinion
resulted fram: Natural causes Accident X Suici	de Homicide Undetermined mann	ier
ACTUAL SUMMER TO A SUMER TO A S	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE A CONTROL M.E		
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	12/17/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)		town, or county) (State)
Burial 12/20/71 Glen Haven	Memorial Park Glen Burnie	e. AA Md.
254 DATE RECID BY HEALTH DEPT. 238 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS

Singleton Funeral Hoem, Blen Burnie, Md

1/5/72 - Correction form from funeral director.

Age.

VS 151-REV. 1/1/68

REMOVAL (Specify)

24A. BURIAL CREMATION,

Burial

25A. DATE REC'D BY HEALTH DEPT.

24B. DATE

12/21/71

24C. NAME of CEMETERY or CREMATORY

258. NAME OF REGISTRAR

Loudon Park Cemetery

24D. LOCATION

Baltimore.

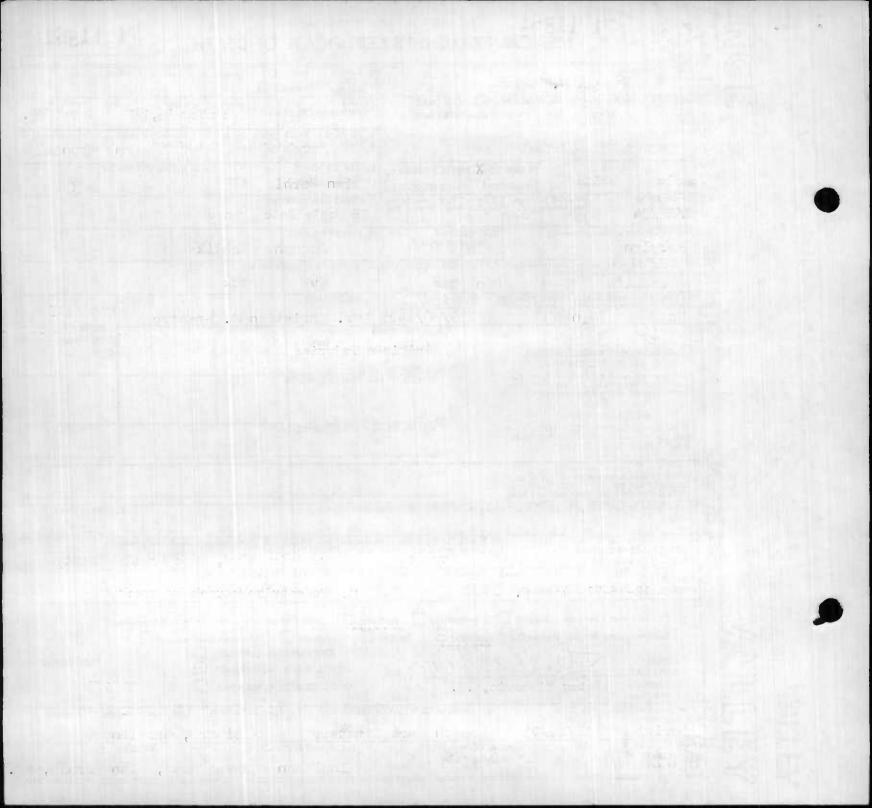
(State)

Maryland

(City, town, or county)

Singleton Funeral Home, Glen Burnie, Md.

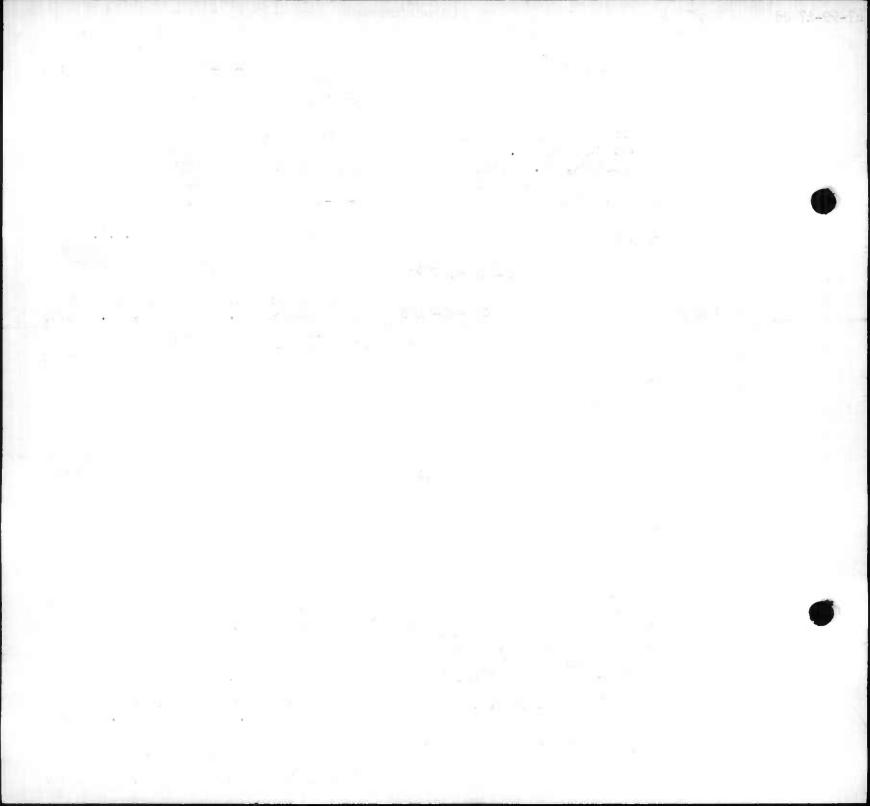
25C. FUNERAL DIRECTOR



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

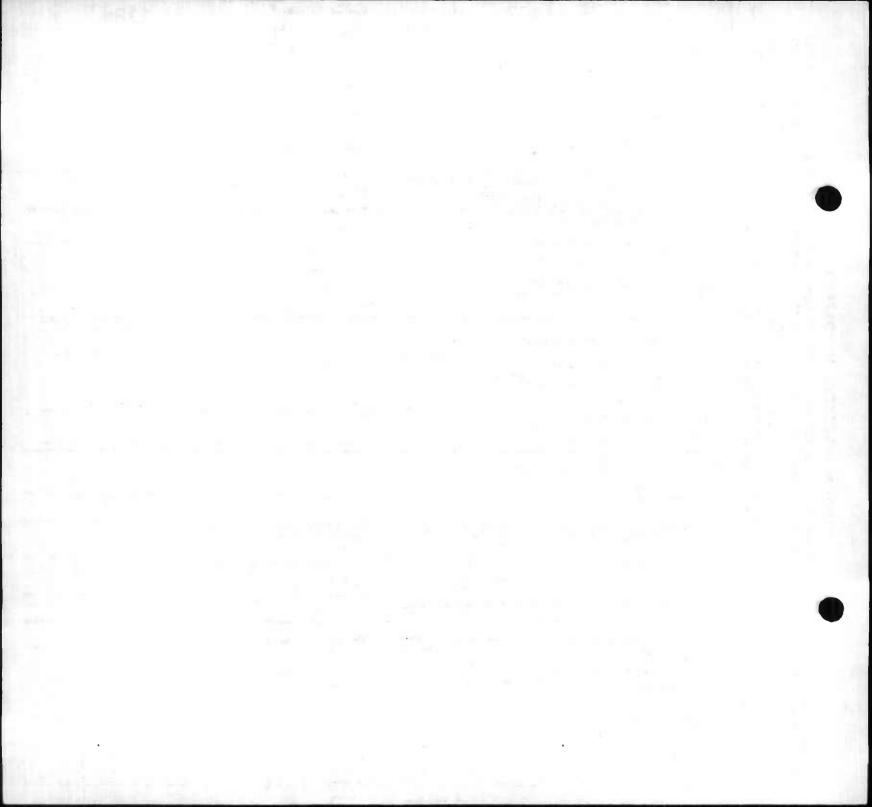
	7	212			BALTIMORE CITY	HEALTH	DEPARTMENT	V		
the	BIRTH		71 11	862	CERTIFICA	TE O	F DEATH	REG. NO.	71 1	1862
E &		1. NAME OF DECEASED (Type or Print) Margaret Tutchton					2. DATE AND HOUR OF DEATH 12-21-71			8:30A M.
÷ +	3. PL.	ACE IN BALT	IMORE MARYLAND, W	HERE PRONOUS	NCED DEAD	4. USUA	L RESIDENCE (Wh	ere deceosed lived.	If institution:	residence before admission)
dance o death.	HOSE	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					yland	Count	1 1/2	105300
attend ior to	Baltimore City Hospitals						ESSEX		NSIDE CITY I	700-
prior	<		1940 Eastern			E. STREE	T AND NUMBER		153	NOE
E 12			Baltimore, Md			1512 Galena 21221				
egular ased pr s made.	5. SEX				NEVER MARRIED	8. DATE		9. AGE (In years		or I Yr. If Under 24 Hrs.
regul eased is ma		emale	Caucasian	WIDOWED	DIVORCED	7-2	li-10	lost birthdoy) 61	Months	Doys Hours Min.
L 0	10A, U	SUAL OCCU	PATION (Give kind of work	108 KIND OF	USINESS OR INDUSTRY	II. BIRTH	PLA CE (State or fore	eign country)	12. CIT	ZEN OF WHAT COUNTRY?
was in the dec position	done d	1 /	orking life, even if retired)			Mar	yland			S.A.
70	13. FA	THER'S NAM	E			14. MOTHER'S MAIDEN NAME				
W]			501	HADTY					
eath e on al di	15. We	s Deceased	Ever in U. S. Armed Ford (If yes, give wor or dote:	es? I	6. SOCIAL	17. INFOR	MANT			ADDRESS
de nce fina	et a	o or unknown,	ut yes, give wor or dote:		SECURITY NO.			Baltimore		ospitals
P 5 T	18	1122	C 1	φ	00-01-9189 CAUSE OF DEAT	494	U Eastern	Ave. Balt	imore,	Md. 21224
unced tenda ed or		700	OR CONDITION DIR	ECTLY	O O	. e	Cot	0 / -	1.	BETWEEN ONSET AND DEATH
atte			EADING TO DEATH		121	nen	den c	Inforce	un	9 DAYC
חום	10	his does no	I meen the mode of sthenio, etc. It meens	dying, e.g.,	(A) IMMEDIATE CAL		UENCE OF:		***********	
pron lar a	ir	iury or comp	licotion which coused	deoth.)						
0 B C		A	NTECEDENT CAUSES		de l					
4500	D	ISEASES OF	CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSE	QUENCE OF:			
- 0	ni:	SE IO INE	obove couse (A) CONDITION lost.	stoling the						
si nin			11		(c)		****************		************	
s physician cian was in he remains	EITC	THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO TH NOTION GIVEN IN PART	FTERMINAL	ASA	+0				5 TRS.
	2 19	A. DATE OF	PERATION 198 CONE	NON FOR WH	ICH OPERATION	20 A. A	UTOPSY? (Yes of No	208. IF YES, WE	RE FINDINGS	CONSIDERED
physi ore t	E C		WAS PERF	DKMED			NO	IN CERTIFYING	CAUSES OF	DEATH?
0 0 0	. 01	A ACCIDENT R CONTRIBUT EATH (notify n	WAS UNDERLYING NO CAUSE OF	21 B. Pl home, elc.)	ACE OF INJURY (e.g., i form, foctory, street, of	or about	21 C. WHERE DID	(If in Boltie	more City, giv	e exoct locotion!
Who do	21	D. TIME (Month) (Doy) (Year)	(Hour) 21E, 11	NJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?		
in G	E (A	PPROX.)		While	At Work					
except and (6 obtaine	22	1 minutes if	hot (1) (this hospital)	WOLK			2 1.2			, , , , , , , , , , , , , , , , , , , ,
3 0					4			19 7/ to		12/ 19 7/
be be			ost sow the deceased		12/2		ond th	ot in (my)) (our)	pinion deoi	th occurred on the dote
pit sat		A. SIGNATUR	from the couses state	d obove (i)	We) (Bid) (dld not) v	lew the b	ody ofter deoth.			
hospital o death)	234	A. SIONALD		R	C hall Am	allow room	At a discourse	c. # _	23B, DAT	E SIGNED
- 0 - 1			vel	- nu	DEGREE Phys		Med. Director	Shaff Phys.	12	-12/17/
A. at a prior pprove	23	C.PHYSICIAN NAME (Typ		oscin M D		3D. ADDR		- 0:1- **0-	- 1 1 - 7 -	
Prode			Robert R	uxin M.D	OEGREE	1,91,0	Eastern A	e City HOs	pitals more. M	d. 2122h
o g g	24A. B	URIAL CREM	ecily	24C. NAN	E of CEMETERY OF CRE	MATORY	24D. L		(City, town, o	
D as	1	BURIK	12/24/-	1 04	PK LAWR	,	R	ALTO	no	
S e i	25A. D	ATE REC'D B	Y HEALTH DEPT.	58 NAME OF	REGISTRAR	25C. F	UNERAL DIRECTOR		170,	ADDRESS
was D.O.A. at a deceased prior 1 written approva	n	EC 23	1971 Jabane 4	A SERVICE .	a.r. eta ⁶	3.1	5. COMA	VELLY	300	
	V\$ 150	-REV. 1/1/68					-10 17 10		200	10/15

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death



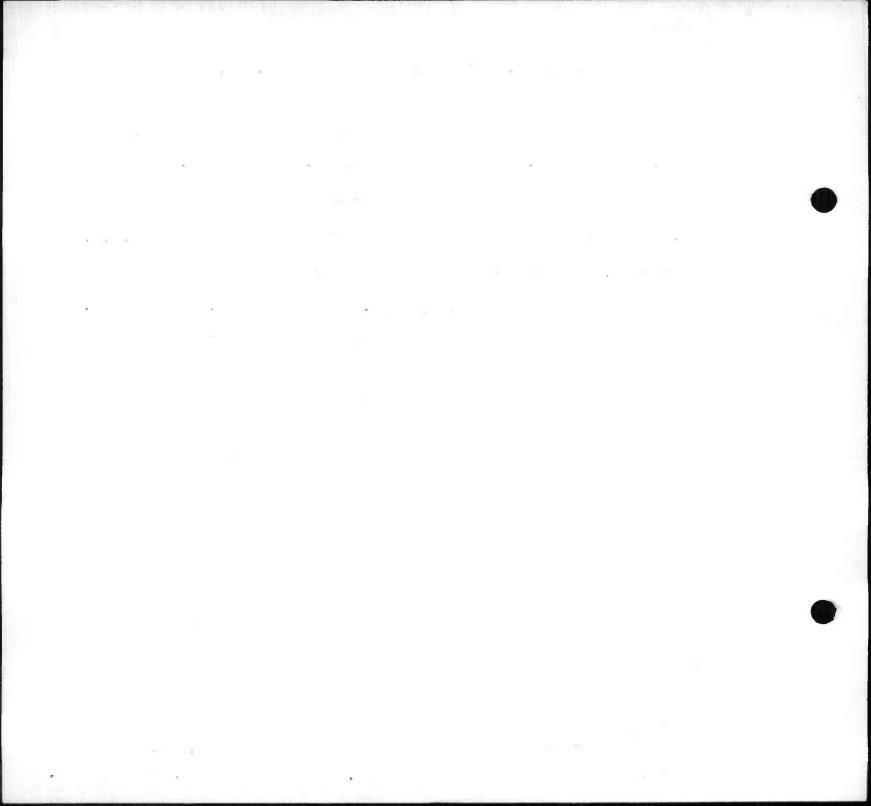
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, Such written approved must be obtained before the remains are embalmed or final disposition is made.

L	-252	71 1:	1863	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 11863				
	RTH NO.			CERTIFICA				
ITy	PO OF Print	lara LLAZE	zynska		18	NO HOUR OF DEATH	1 12 FO M	
3.	PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOU	NCED DEAD	A. STATE B. COUL	ALK.	titution: residence before admission)	
FU	ILL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Parylan		2503	
IN	STITUTION	Application of too			C. CITY OR TOWN Baltimore	D. INSI	YES NO	
(_	+3 5	South Balto G	en. Hosp	ital	E. STREET AND NUMBER	Deddux	5(
	SEX F	& RACE White	WIDOWED		8. DATE OF BIRTH Oct 28 1884	9. AGE (In years lost birthday)	II Under 1 % II Under 24 Hrs. Months Doys Hours Min.	
		UPATION (Give kind of working life, even if refired)	House		Austria	eign country!	US A	
13.	FATHER'S NA	ME	1	1	14. MOTHER'S MAIDEN NA	WE		
		Wojto	wicz		Unknown			
15.	Was Deceased	Ever in U. S. Armed Fo	rces!	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(10	15, no of Unknown	out yes, give war or ear	es of settines	SECURITY NO.	Stepeh Lantz	4402 La Sall	e Ave Balto 21206	
	18, 4//	7.9		CAUSE OF DEAT		Q.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEA	SE OR CONDITION DI		0	1		SETWEEN ONSET AND DEATH	
	(This does a	LEADING TO DEATH not mean the mode of		(A) IMMEDIATE CAL		del for	munits.	
	heart failure,	asthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF	V		
	Injury or complication which caused death.) ANTECEDENT CAUSES				6		221100	
	(B)				A CONSEQUENCE OF:			
	rise to the	e above cause (A)		9	2.0			
	UNDERLYING	G CONDITION last.		(c) 200				
NOLL	OTHER SIGNIE	FICANT CONDITIONS CO TH BUT NOT RELATED TO	THE TERMINAL					
ERTIFICATIO	19A-DATE OF	F OPERATION 198 CONWAS PER		HICH OPERATION	20A. AUTOPSY! (Yes of N	o) 208, IF YES, WERE F		
SK.	121A. ACCIDE	NAC HINDERIVING					INDINGS CONSIDERED USES OF DEATH?	
U	OR CONTRIBU	NT WAS UNDERLYING UTING CAUSE OF	218, home	e, form, factory, street, o	in or about 21 C. WHERE DID lice bldg. INJURY OCCUR?	(II In Boltimore	SES OF DEATH? City, give exoct location)	
U	OR CONTRIBUTE	medical examined	homelcal	e, form, factory, street, o	flice bidg, INJURY OCCURY			
MEDICAL C	21D-TIME OF INJURY	VITING CAUSE OF medical examined (Month) (Doy) (Year)	Houd 21&	INJURY OCCURRED At Not While	21F. HOW DID IN			
EDICAL C	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Houd 21& Whi	INJURY OCCURRED Re At Not While At Work	21F. HOW DID IN	JURY OCCURY	City, give exact location)	
EDICAL C	21D. TIME OF INJURY (APPROX.) 22. I certify	/ medical examined (Month) (Doy) (Year) / that (i) (this hospital	(Hous 21 E Whi Wor	INJURY OCCURRED At Not While A Work Me deceased from	21F. HOW DID IN	JURY OCCUR?	City, give exoct location)	
EDICAL C	21D-TIME OF INJURY (APPROX) 22. I certify that (I) (we)	(Month) (Doy) (Year) that (1) (this hospital) last saw the decease	(Hous) 21& Whi Wor al) attended the	INJURY OCCURRED Re At Not While At Work Re deceased from	21f. HOW DID IN	JURY OCCUR? 19 70 to Dehat in (my) (aur) apir	City, give exoct location)	
EDICAL C	21D-TIME OF INJURY (APPROX) 22. I certify that (I) (we) ond hour an	(Month) (Doy) (Year) that (i) (this hospital) last saw the deceased from the causes sta	(Hous) 21& Whi Wor al) attended the	INJURY OCCURRED Re At Not While At Work Re deceased from	21F. HOW DID IN	JURY OCCUR? 19 70 to Dehat in (my) (aur) apir	City, give exoct location)	
EDICAL C	21D-TIME OF INJURY (APPROX) 22. I certify that (I) (we)	(Month) (Doy) (Year) that (i) (this hospital) last saw the deceased from the causes sta	(Hous) 21& Whi Wor al) attended the	INJURY OCCURRED At Not While deceased from At Work (We) (did) (did not)	21f. HOW DID IN	JURY OCCUR? 19 76 to Chat in (my) (aur) apir	City, give exoct location) 19 7/ 11 on death accurred on the data	
EDICAL C	21D-TIME OF INJURY (APPROX) 22. I certify that (I) (we) ond hour an	(Month) (Doy) (Year) that (I) (this hospital) last saw the deceased from the causes sto	(Hous) 21& Whi Wor al) attended the	INJURY OCCURRED At Not While deceased from At Work (We) (did) (did not)	21f. HOW DID IN	JURY OCCUR? 19 70 to Dehat in (my) (aur) apir	City, give exoct location) 19 7/	
MEDICAL C	22. I certify that (I) (we) ond hour an 23A. SIGNAU NAME IT	(Month) (Doy) (Year) (that (i) (this hospital) last saw the deceased from the causes sto	(House 21E, White World alive an	INJURY OCCURRED At Not While At Work A Green Comment of the Comm	21F. HOW DID IN 19 and t view the body after death. s	JURY OCCUR? 19 70 to hat in (my) (aur) apir Stoff Phys	19 7/	
MEDICAL C	22. I certify that (I) (we) ond hour an 23A. SIGNATI 23C. PHYSICIA NAME II	(Month) (Doy) (Year) (that (1) (this hospital) last saw the decease d fram the causes sto URE ANT'S Type) EMATION, 248, DATE (Spocify)	(House 21E Whit World) attended the dailye an	INJURY OCCURRED At Not While At Work deceased from DEGREE Phy	21F. HOW DID IN 19 and to the property of the property	JURY OCCUR? 19 70 to 20 opis hat in (my) (aur) apis Stoff Phys. 2	19 7/ nion death accurred on the date 23B, DATE SIGNED	
WEDICAL C	21D-TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour an 23A. SIGNATI 23C. PHYSICIA NAME IT A. BURIAL CRE REMOVAL	(Month) (Doy) (Year) (that (I) (this hospital) last saw the decease of from the causes stated from the causes sta	Howeld 21E. Whi World attended the daive an	INJURY OCCURRED INJURY OCCURRED In At Not While At Work In At	21f. HOW DID IN 19	JURY OCCUR? 19 70 to 20 hat in (my) (aur) apir Stoff Phys. LOCATION (Cit. itchie Hyway	19 7/ nion death accurred on the dat	
WEDICAL C	21D-TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour an 23A. SIGNATI 23C. PHYSICIA NAME IT A. BURIAL CRE REMOVAL	(Month) (Doy) (Year) (that (1) (this hospital) last saw the decease d fram the causes sto URE ANT'S Type) EMATION, 248, DATE (Spocify)	(House 21E Whit World) attended the dailye an	INJURY OCCURRED INJURY OCCURRED In At Not While At Work In At	21F. HOW DID IN 19	Stoff Phys. Cocation (Gillitchic Hyway)	19 7/ nion death accurred on the dat 23B. DATE SIGNED 18 Dec)/	



	R-262 71 11001 BALTIMORE CITY	HEALTH DEPARTMENT
sed the the uch	R-263 71 11864 CERTIFICA	TE OF DEATH REG. NO. 71 11861
0 0 0	(Type or Print) William F. Richardson	Dec. 20, 1971
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission)
S (S)		Maryland Baltimore 601
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
- 3	00	Baltimore YES NO
ting d cat r att prior	37 N. Streeper St.	8. STREET AND NUMBER 37 N. Streeper St.
F 5 0 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF SISTY IS AGE (In some 16 II-1-1 V. III-II-1 24 II-
E G B E	Male White WIDOWED DIVORCED	3-4-1904 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
con con eteri n re	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
de tio	Sta. Engineer	Virginia U.S.A.
Ct de	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
disposition	William E. Richardson	Frances Adams
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
ssista the kind dea nce final	No 213-01-4315	R.Richardson 37 N. Streeper St.
if if if any ced ced or	18. 4/12 4/ 1 CAUSE OF DEATH	APPROXIMATE INTERVAL
so, of of ter ter		ediac arrest
ono ono alm	(This does not mean the made al dying, e.g., heat loilure, asthenia, etc. It means the disease,	SE A CONSEQUENCE OF:
Sep page	injury ar camplication which caused death.)	01/9
mim min fro ho egu	ANTECEDENT CAUSES (8)	_ / & _
X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
ical cal e ns; (3 ician as ir ains	UNDERLYING CONDITION lost. (C) Cura	ucfulnishay USNES
lica rrns rrns sic wa	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
medical physical war war war war war war war war war war	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	
hine da	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFTING CAUSES OF DEATH?
by ch (2) Bo re th phys	U 21A ACCIDENT WAS INDESIGNED 228 NACE OF MUURY (*	
tal ital ital ital ital ital ital ital i	U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in long, form, foctory, street, off DEATH Inotify medical examined	ice bldg., INJURY OCCUR? (II in Boltimore City, give exoct location)
	Q 21D.TIME (Month) (Doy) IYeor) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hosp hosp atur ppt w (6)	I TIME THE THE THE TABLE	
prove the h iny no excep and obtai	22. I certify that (I) (this hospital) attended the deceased from	Commit
g - 8		19and that in(my) (our) apintan death occurred an the date
0-05	and haur and from the causes stated abave. (1) (We) (did) (did nat) vi	lew the body after death.
dent ospit deat must	23A. SIGNATURE	23 B, DATE SIGNED
E ccic	The see 117	
was r An a L at c prior	23C-PHYSICIAN'S NAME (Type)	3D. ADDRESS
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
This certif the body shows: (1) was D.O.A deceased written ap	REMOVAL (Specily)	
This certithe body shows: (1 was D.O. deceased written c	Burial 12-23-71 Oak Lawn Cemet 25a, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	<u> </u>
th show	DEC 28 1971 Black E. Jakey M.D.	B. Dabrowski 2818 E.Baltimore St.
	VS 150-REW 171/68	

M.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

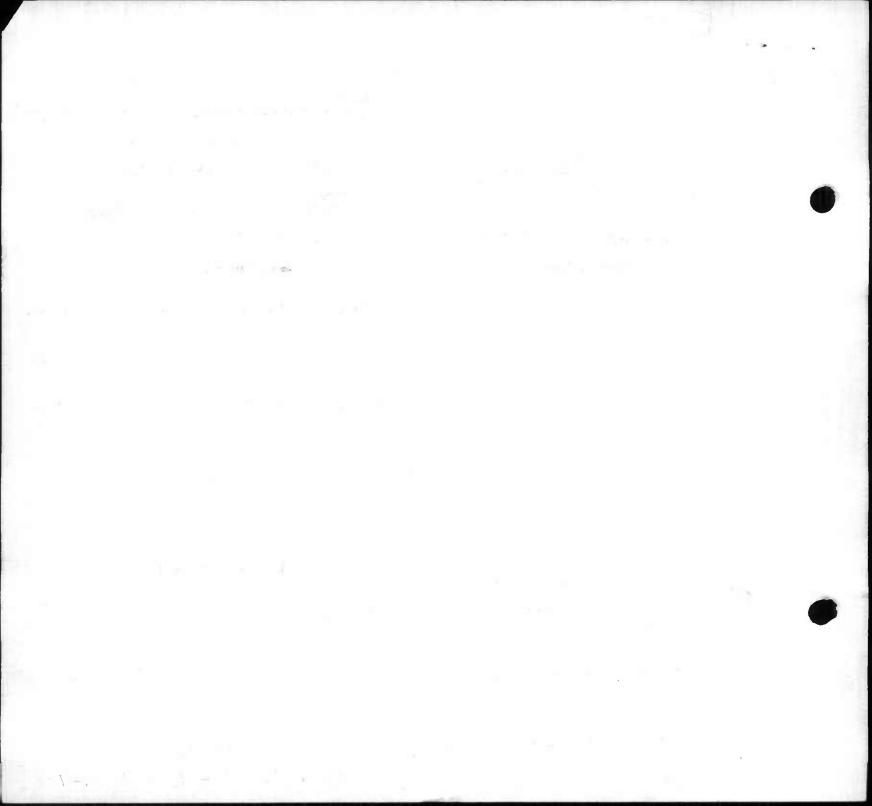
VS 150-REV, 1/1/68

9hf		ITY HEALTH DEPARTMENT			
Such	DIATE INC.	CATE OF DEATH REG. NO. 71 11865			
· =	(Type or Print) Myrtle E. Bennett	12-16-71 1:20 P.			
attendance o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOGATION)	4. USUAL RESIDENCE Where deceased lived, Il institution; residence before admission) A. STATE B. COUNTY Maryland			
to	HOSMITAL OR ADDRESS OR LOCATION) Baltimore City Hospitals	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? VES X NO			
No. 1	4940 Eastern Avenue Baltimore, Md. 21224	e. STREET AND NUMBER 1207 Urban Way 21224			
in regular eceased p on is made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED Caucasian WIDOWED DIVORCED	lost diffidoyi Monins Doys Hours Min.			
E 00	Tample Divokced Lio Usual Occupation (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even it refired) Machine Operator Moulding Cap Co.	IRT 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Del aware U.S.			
h was in the d	13. FATHER'S NAME Robert Mallick	14. MOTHER'S MAIDEN NAME Fannie =			
death ince on final di	15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Cecelia G. Cascio (dghtr) 4005 Green-			
700	no 216-14-7333 16. 42 7. 0 CAUSE OF DE. DISEASE OR CONDITION DIRECTLY CLIPANIA	ATH APPROXIMATE INTERVAL			
pronounce lar attend baimed or	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc., it means the disease,	OBSTRUCTIVE PULMONARY DISEASE, 10 YES AS A CONSEQUENCE OF:			
0 000	injury or complication which caused death.) ANTECEDENT CAUSES CANGES	THE HEART FAILURE 10 915.			
an wh in re ns are	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) staling the UNDERLYING CONDITION last. (C).	AS A CONSEQUENCE OF:			
vas mai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
Phi	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING (1) 121B. PLACE OF INJURY (SEE	20A-AUTOPSY? (Yes of No.) 20B. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
P co	OR CONTERNITING TICAUSE OF	office bldg. INJURY OCCUR? (If In Bollimore City, give exact location)			
d (6)	DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURT OCCURRED While At Not Work At Work	/hile			
900	22. I certify that (I) (this hospital) attended the deceased from	12/15/71 19 to 12/16 19 71 19 ond that in(my) (aur) opinion death accurred on the date			
hospital to death)	and hour and from the causes stated above. (I) (We) (did) (did not				
r a ho	23C. PHYSICIAN'S	Hending Med. Director Phys. 12-16-11			
was D.O.A. at a deceased prior I written approva	PAME (Type) CHUSHIN CHILL MD DEGREE 24A. BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETERY OF C	"Baltimore City Hospitals			
D.O.	BURIAL 12/20/71 Baltimore Ceme	y and the second			
was dece	DEC 23 37 HEALTH DEPT 268. HAMAJOF REGISTRAR	Schimunek Funeral Homes, Inc. 3331 Brehms			

And the second s 24 -6040

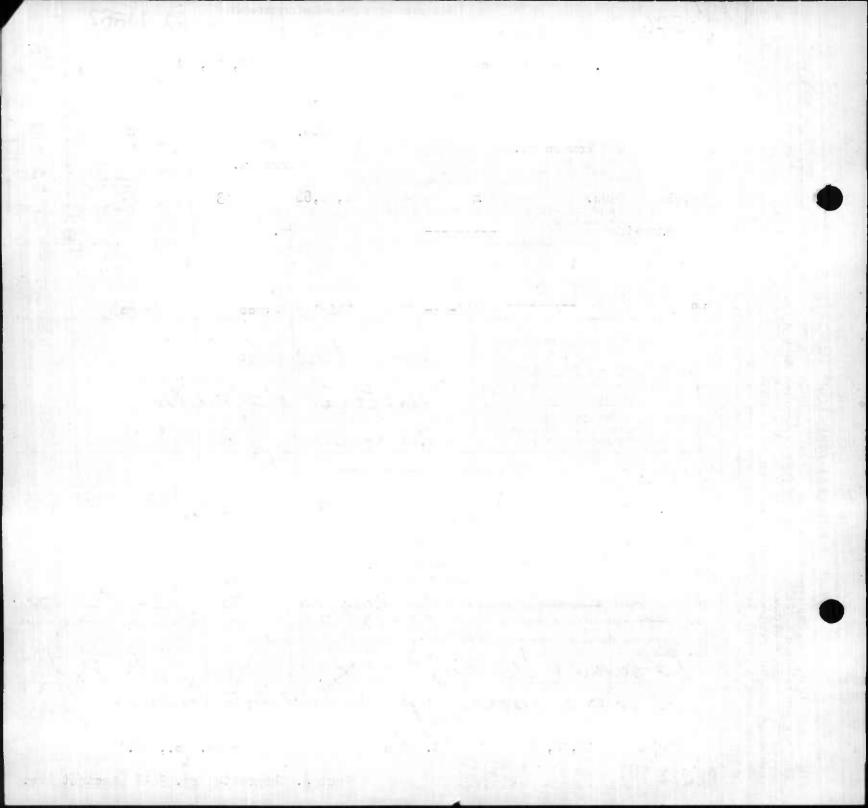
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1		BALTIMORE CITY	HEALTH DEPARTMENT	71	11866
(5-350 TH NO. 71 11860	CERTIFICA	TE OF DEATH	REG. NO.	
	TAME OF DECEASED			D HOUR OF DEATH	
(Ty	pe or Print) MY Harvell Chi	11 Sutton	12/	17/21 (1) 825	5.01
3.	PLACE IN BALTIMORE MARYLAND, WHERE PR	ONOUNCED DEAD	4 USUAL RESIDENCE (When	e deceased lived. If institu	ution: residence before admission)
FL	LL NAME OF (IF NOT IN HOSPITAL OR II	THE THE SALE MODILITIES	STATE B. COUN	and And	011-4
HI IN	LL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	1/ - · /	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
	Ma. Deneral	Hospital	Balto =	2206 YE	ES NO
	t Emergency	Panas	E. STREET AND NUMBER	^	1774
-		COLL	137/6 ba	Pone H	R 2/3
3.	d /	RIED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years ill	Under 1 Yr. Il Under 24 Hrs. Nonths Doys Hours Min.
10/	WIDO' LUSUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPEACE (State or larei	_60 UVS	
do	during most of working life, even il retired)		: \ O	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	60 P50	U3-	MOL	US
	Joseph Sutton		14. MOTHER'S MAIDEN NAM	Nangold	
15	U I	16. SOCIAL		HULLONIL	
(Ye	Was Deceased Ever In U. S. Armed Forces? s,no or unknown) (II yes, give war or dates of sorv	SECURITY NO.	17. INFORMANT	0 11 6 11 5	ADDRESS
L	No			Ruth Sutton-3,	716 Bayonne Ave.
	18.4/0.7 1	CAUSE OF DEATH		CATICN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				10 MINUTES
	(This does not meen the made at dying,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	***************************************	77770765
	hoort loilure, asthenio, etc. It means the dise injury or complication which caused death.)	dse,			
	ANTECEDENT CAUSES	myork	PROIAL INFARC	7102	18 1700RS
		ving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	
	nso to the obove cause (A) stating UNDERLYING CONDITION lost.	(C)			
	TI TI	/ 0/			
0 N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG RHEUM	ATIC HEART DI	SFACE	
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
THE	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSE	S OF DEATH?
CE	21A- ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If In Boltimore Ci	ity, give exact location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	home, form, factory, street, oil	ice bldg. INJURY OCCUR?	V	
MEDIC	21 Do TIME (Month) (Day) (Your) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
ξ	OF INJURY (APPROX.)	While At Not While			
	22. I certify that (I) (th is hospital) atte nd	Work - Al Work		271 Des	C (7 19 ½/
	that (I) (we) last sow the deceosed alive				
	and hour and fram the couses stated abov			in (my) (por) obtator	n death occurred on the date
	23A. SIGNATURE	es (1) (me) (ala) (ala noi) Al	ew the body offer death.	1231	B, DATE SIGNED
	Cullioning C. Lewendow	Ylan //III Dhan	ding Med.	Staff Phys.	12-17-71
	23C.PHYSICIAM'S	DEGREE	3D. ADDRESS	hys.	
	NAME (Type)				
24/	BURIAL CREMATION, 248, DATE 24 REMOVAL (Specily)	OEGREE C. NAME OF CREATERY OF CREATERY	MATORY 24D. LO	CATION (City, to	own, or county) (State)
	Burila 12-20-71	0 11:			•
25/	DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	saltimore, Ar	yland Address elair Rd21206
N	1098 1971 . Pale & E. Jaile	MA	John Co Pille	er Inc-6415 R	elain Rd -21206
77	5.5. A. A.		X		



death	on the	
a hospitations of	ndance to death	
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or contri	in regu	
ant if de	ath was	200
his assist so, if the	nced de endance	
niner or	o pronot	
cal exam	ician wh	200
a medi	the phys	
spital by	where 5) No ph	2000
to the hospital by a medical examiner. Also, if the direct or contributing cause of death	l (except); and (o	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death thouse (1) An arrigant of any pathology hands. (2) A foregree of any bind. (4) Independent of any pathology (5) December 1	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.	
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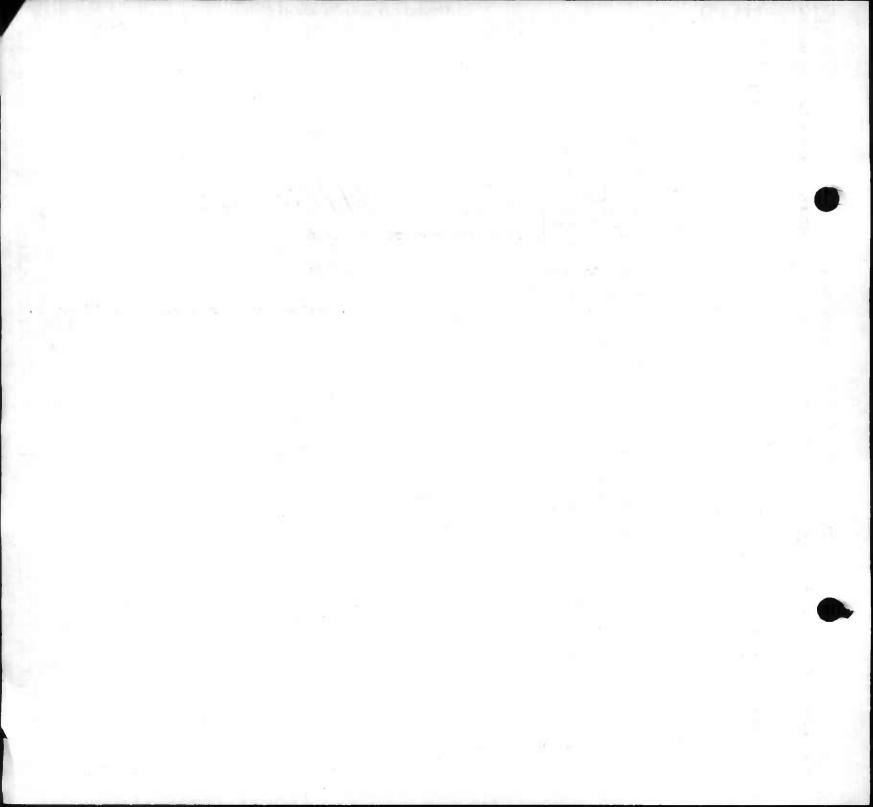
1			BALTIMORE CITY	HEALTH DEPARTMENT	1-1	4 44000
7) 326 BIRTH NO.	71 1	1867	CERTIFICA	TE OF DEATH		1 11867
1. NAME OF DECE (Type or Print)	G. Grace	Rodgers	3		12, 18, 71	3 /8 M
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If i	institution: residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Md .		SIDE CITY LIMITS?
				Balto.		YES X NO
00	840 Powers	St.		E. STREET AND NUMBER		,
				840 Powers	St.	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Female	Cauc.	WIDOWED [6,26,88	83	
	vorking lile, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN NA	ME	
	?				?	
15. Was Deceased (Yes, na or unknown)	Ever in U. S. Armed Far (If yes, give war or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			215-03-8727D	Shirley Pear	ce	(same)
(This does not heart foilure, displayed by the company of company of company of company of company of company of company of contributions of c	E OR CONDITION DIL LEADING TO DEATH OI meon the mode of oshlenio, etc. II meons plicotion which coused ANTECEDENT CAUSES OF CONDITIONS, if obove couse (A) CONDITION lost, II CANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER TING CAUSE OF medical examiner) (Month) (Doy) (Year)	dying, e.g., the disease, deoth.) ony, giving stating the NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR V FORMULE (A). (Haur) 21E. Whi	VHICH OPERATION CACCOLORY PLACE OF INJURY (e.g., in fortunation of the control	A CONSEQUENCE OF: LAG OF A CONSEQUENCE OF A CONSEQUENCE OF: LAG OF A CONSEQUENCE OF A C	(If in Baltima	FINDINGS CONSIDERED AUSES OF DEATH? Tre City, give exoct locotion)
(APPROX.)	103	War	k At Wark			
that (I) (we)	respectively	d olive on	(We) (did) (dld not) v Me M, D DEGREE Phys	ond the lody ofter death.	Stoff Phys. Stoff Brue	2-18 - 19 7/, inlon death occurred on the date 238, DATE SIGNED 12-V1-7/ Paley Bales /
24A. BURIAL CREM	AATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. L	OCATION (C	City, tawn, or caunty) (State)
Buria			Mt. Zion		Balto. Co.	
DEG 28 1	HEALTH DEPT.	259. NAME O	E REGISTRAR	Paul E. Cher		ADDRESS
VS 150-REV. 1/1/6	В			1 13 13 60		



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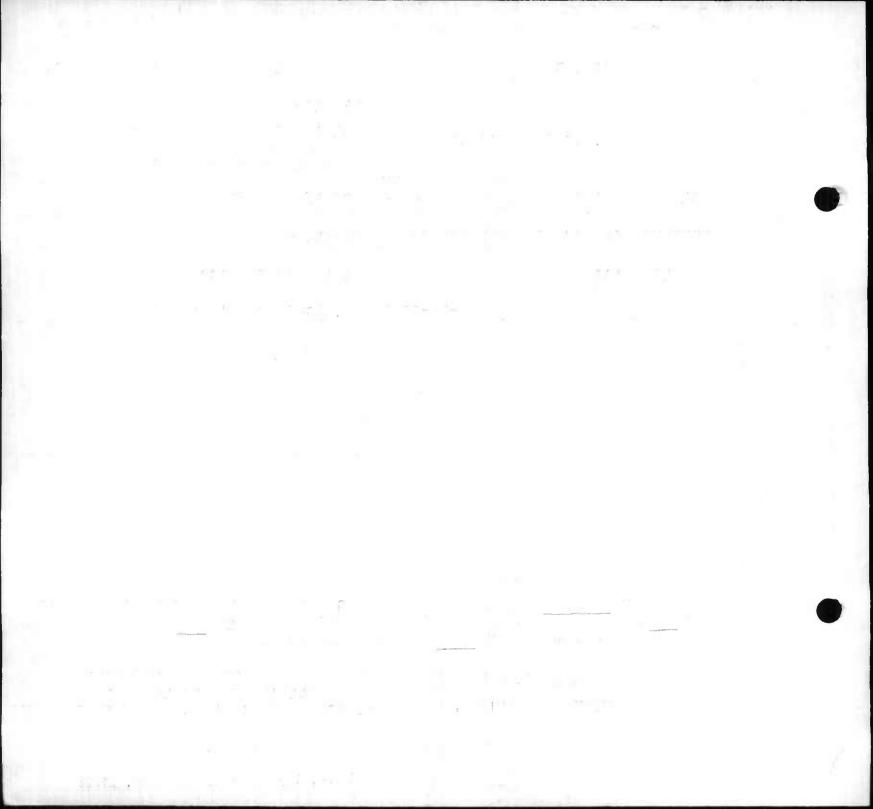
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	2/01/	/	11 0	BALTIMORE CITY	HEALTH DEPARTMEN	NT ,		
	RTH NO. T		1186	S CERTIFICA	TE OF DEAT	1		
11 y	Pint AY	TO Seph.	Pres	is Ler.	2. DA	21/71 4	120 An	
3.	PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived. If	institution: residence before admission)	
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET		ltimore	SIDE CITY LIMITS?	
		lai hospilo	-0		Catonsville		YES NO K	
4	12011	lai hospila	u		E. STREET AND NUME 6024 Black			
5.	SEX	6- RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.	
	M	W	WIDOWED		6/1/19/6	lost birthdoyl	Months Doys Hours Min.	
		JPATION (Give kind of work working life, even if retired)	TOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHFLACE ISlote of	or foreign country!	12. CITIZEN OF WHAT COUNTRY?	
11		tate	Bldgin	g Contractors	Maryland		USA	
13.	FATHER'S NAM				14. MOTHER'S MAIDEN	NAME		
	Late Cha	rles Pressle	r		Nellie			
15.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
V€		WW II	- OF SCINICAL	SECURITY NO.	Mrs. Bertha	Pressler, 602	4 Black Friars Cr.	
	18. [///	9		CAUSE OF DEAT			APPROXIMATE INTERVAL	
		E OR CONDITION DIS	RECTLY		0-10-		BETWEEN ONSET AND DEATH	
		LEADING TO DEATH	1.4	(A) IMMEDIATE CAU		nic Shoe 11		
	this does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: Science							
	ANTECEDENT CAUSES acrile extensine contero Septent + laterly &							
	DISEASES O	R CONDITIONS, IF	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************	
	rise to the	above cause (A) CONDITION last	stating the	(c) A	SCAUD.		Lears -	
		11		, -/			10000000000000000000000000000000000000	
CERTIFICATION	TO THE DEATH	CANT CONDITIONS COIL BUT NOT RELATED TO THE	TE TERMINAL	100000000000000000000000000000000000000		190795000 0000 000 000 000 000	***************************************	
TIFIC	19A-DATE OF	OPERATION 198 CON WAS PERF	DITION FOR V	WHICH OPERATION	20A. AUTOPSYT (Yes		FINDINGS CONSIDERED AUSES OF DEATH?	
CER	21A. ACCIDEN	T WAS UNDERLYING	216,	PLACE OF INJURY (e.g., in			ore City, give exoct location)	
ICAL	DEATH (notify	TINO CAUSE OF medical examiner	hom		ice bldg, INJURY OCCU	R?		
MEDI	OF INJURY	(Month) (Doyl (Yearl		INJURY OCCURRED		INJURY OCCUR?		
1	IAPPROXI) Woi				0101	
	22. Leartify	that Withis hospital	attended ti	ne deceased from	4130171		1/2/ 1971	
	that (1) (we)	last saw the decease	d alive on_d	12/1/7	19 TOAM or	nd that Ir((my) (aur) ap	Inlan death occurred on the date	
and hour and from the causes stated abave. (1) (We) ((did) (did nat) view the body after death.								
	23A. SIGNATUR		0				23B. DATE SIGNED	
	X.	Hood Kar.	70	DEGREE Phys	ding Med.	Stoff Phys.	12/21/71	
	23C. PHYSICIAN NAME (Ty	R. HOOK	AZA	R. MD.	Sinci ho		inde 1 Md . 21215	
24/	BURGAL CREA	MATION, 248. DATE	24C.NA	ME OF CEMETERY OF CRE	MATORY 24	D. LOCATION (C	City, town, or county) (State)	
	burial	12/24/7	1 Cre	estlawn			le, Maryland	
25/		NY HEALTH DEPT.		F REGISTRAR	25C. FUNERAL DIRE		ADDRESS	
VS	150-PEV. 1/1/4	101 Judge 15	The William	las ALA	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			



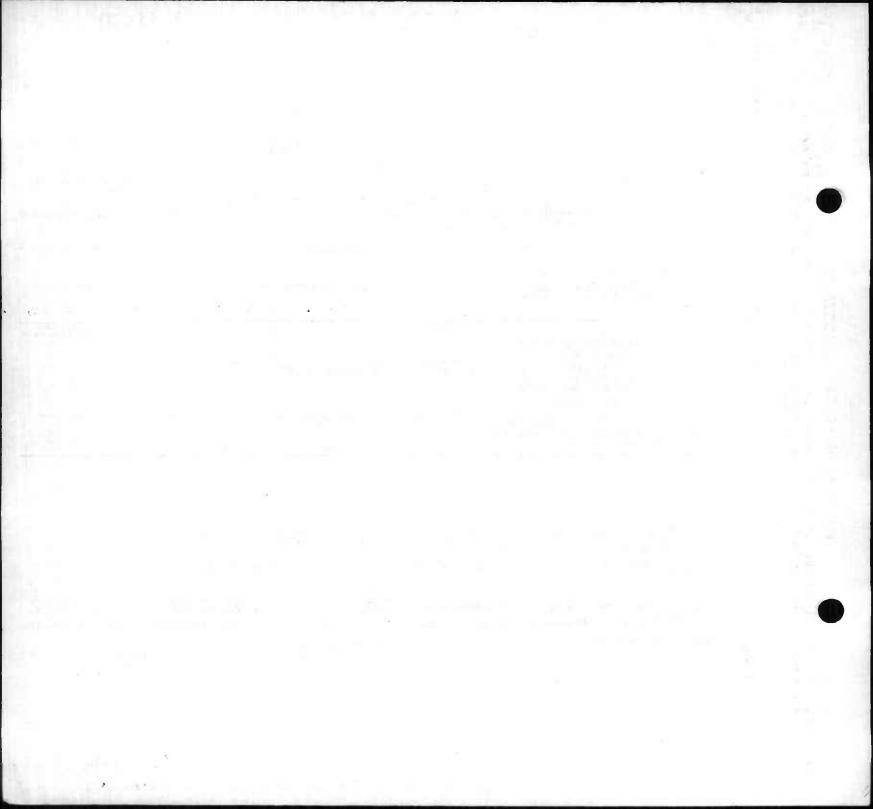
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	3-206			BALTIMORE CITY	HEALTH DEPARTMENT		1º7.4 A A -
But	TH NO.	71 1	1969	CERTIFICA	TE OF DEATH	REG. NO.	71 11869
1.1	NAME OF DECEA	SED .	1000		2. DATE AN	D HOUR OF DEATH	
СТУ	pe or Print)	BIGGS, G	UY F		DE CEM	IBER 22, 19	971 I 11:20A
3.	PLACE IN BALTIM	DRE MARYLAND,	WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution; residence before admission)
FL	ILL NAME OF DSPITAL DR STITUTION	(IF NOT IN HDS ADDRESS DR LO	PITAL OR IN	STITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
ll'	11-3	ST. AGN	ES HO	SPITAL	BALTIMORE		YES 📉 NO 🗌
	10				E. STREET AND NUMBER		4.00
5	SEX 16.	RACE	7		4629 MANORD		21229
	MALE	WHITE	WIDO		03/13/04	9. AGE (In years last birthday) 67	If Under 1 Yı. If Under 24 Hrs. Manths Days Hours Min.
dor	USUAL OCCUPA	TION (Give kind of w king life, even if retired	ork 10B, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	gn country)	12. CITIZEN OF WHAT COUNTRY?
		MEAT CUT	*	OOD CENTER	MARYLAND		USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAI	ME	10 3 N
	CHARLES	RIGGS			SARAH HOPPE	D PICCS	
15.	Was Deceased Ev	er in U. S. Armed i	Orcesi	16. SOCIAL	17. INFORMANT	K DIGGS	ADDRESS
11.0	s, no or unknown/ (if	yes, give war or a	oles of servi	212-32-3381	ST. AGNES H	OSPITAL RE	CORDS
	18. / 4 7	9 1					APPROXIMATE INTERVAL
		OR CONDITION		(scinoma of	the	BETWEEN ONSET AND DEATH
		ADING TO DEAT		(A) IMMEDIATE CAU	SE Pa	m creas	
	heart failure, ast	mean the mode henia, etc. It mea	s the dise	gse.	CONSEGUENCE OF:		
		cation which caus		Metas	tasis to to	Le liver	
		RECEDENT CAUS					
	rise to the	CONDITIONS, if	any, gi) stating	ving DUE TD, OR AS	A CONSEQUENCE OF:		
	UNDERLYING C	ONDITION last.		(c)	******************************		
ATION	OTHER SIGNIFICA TO THE DEATH B	II NT CONDITIONS C UT NOT RELATED TO	ONTRIBUTION THE TERMIN	NG NAL			
CA	DISEASE OR CON	DITION GIVEN IN P	ART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	1 208 IE Vrs Weer s	THOMAS CONSIDERS
CERTIFIC	2	WAS P	ERFORMEO	OK WHICH OPERATION	YES	IN CERTIFYING CAL	ISES OF DEATH?
CAL	21A. A CCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING IG CAUSE OF dicol examined		21 B. PLACE OF INJURY (e.g., in home, farm, foctory, street, off efc.)	of about 21 C. WHERE DID	(If In Ballimare	e City, give exact location)
MEDI	21 D. TIME (M	ionth) (Doy) (Yea	n (Houn)	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)			While At Not While			
	22. I certify the	t XI) (this haspit	ol) attend	ed the deceased from D	CEMBER 2	9 71 to DEC	EMBER 22 19 71
				on DECEMBER 22	7.4		Ion death occurred on the date
				e. () (We) (dld) (dld not) vi			The second secon
	23A. SIGNATURE						23 B. DATE SIGNED
		13	0 4 1 4 .	Atter Phys.	ding Med.	Staff Phys. X	12/22/71
	23C. PHYSICIAN'S NAME (Type)	()		TO TO THE DEGREE	3D. ADDRESS BALTIM	ORE . MARYL	
	1	VICTOR	BENA	VIDES, MD		PITAL : CATO	
24#	BURIAL CREMA	TION, 248, DATE	240	C. NAME OF CEMETERY OF CRE			y, lawn, or caunty) (State)
11	urial	12/24	/71	Loudon Park Ceme	tery Rel	timore, Mary	rland
11	A. DATE REC'D BY	HEALTH DEPT.	258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ormore, rerry	ADDRESS
	DEC 23 %	7 Robert	E. 40.	Rea K. A.	Witzke, 163011	Edmondson A-	
VS	150-REV. 1/1/68	2 - 2 - 2	1		1000	PORTOTION AV	enue, 21228



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

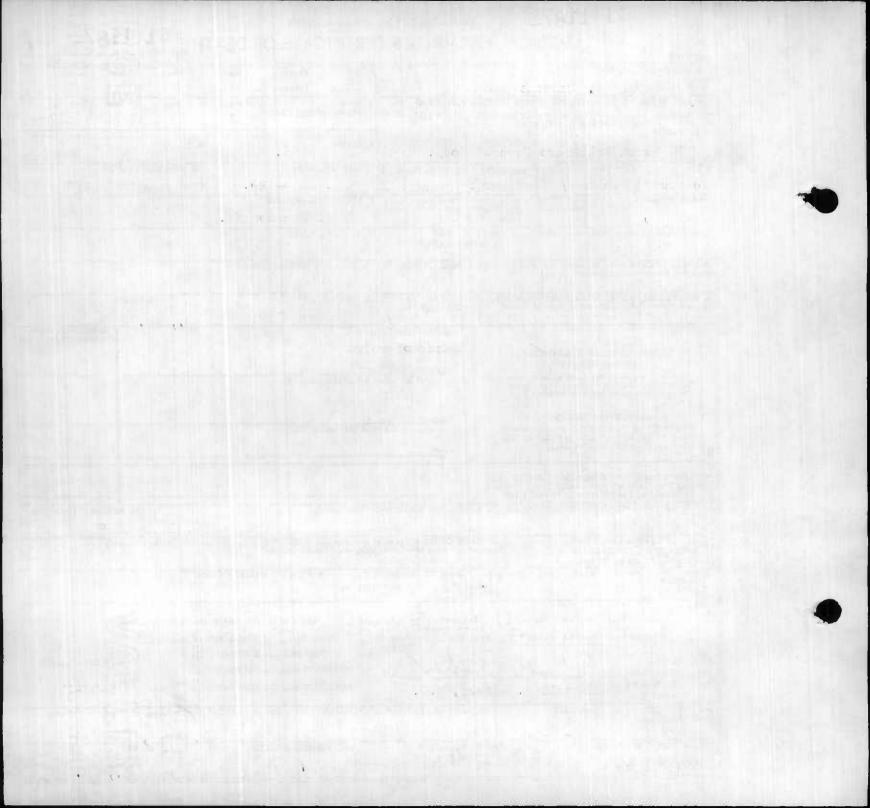
	0	BALTIMORE CITY	HEALTH DEPARTMENT	2 71	44000
١,	5-632 71 1187	CERTIFICA	TE OF DEATH	REG. NO. 1	
1	NAME OF DECEASED	1	2. DATE AN	8 The Dec, 7	11. at 2.05 A.R.
	Type or Print Sow ARDS	HOBERT	18 3	Dec. 1971	2 05 M
	3. PLACE IN BALTIMORE, MARYLANO, WHERE PR	ONOUNCED DEAD	A. STATE B. COUN	e deceased lived If incl	titution: residence belare admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IS ADDRESS OR LOCATION) ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSID	PE CITY LIMITS?
	BOUTH BALTIMORE	BENERALHOSPIT	GLEN BUR	4	YES NO 🔀
	4-3		RL. I STREET AND NUMBER	4 226	
5	Male 6. RACE 7. MAR WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3-1-1925	9. AGE Un years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE IState of foreign	,	12. CITIZEN OF WHAT COUNTRY?
	Long shove man Sh	ip Loading	KENTUC	KY	U.S.A.
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	FRANK. Sowards		ETHEL, F	DKINS.	
0	S. Was Deceased Ever in U. S. Anned Forces? (es. no or unknown) (II yes, give war or dotes of serv	icel 16. SOCIAL SECURITY NO	17. INFORMANT		ADDRESS
	UN RAGUN UM 2	309 12 0806	Sylvia M. Sowar	ds Rt 1 Box	226 Glen Burnie, Mo
	16./62./	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Para alista	05. 03	
	(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU	ISE KLAP OBSTA	u clien 2	100
	heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	acse,	Carc	ehoma of Le	ing
	ANTECEDENT CAUSES	(8)			
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		DOODWOWN 00000000000000000000000000000000000
	UNDERLYING CONDITION last.	(C)	***************************************		
	11				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPST? IYes or NG	208 IF YES. WERE FIR	NDINGS CONSIDERED
	19A DATE OF OPERATION 19B CONDITION I WAS PERFORMED			IN CERTIFYING CAUS	SES OF OEATH?
1	OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
	21D. TIME (Month) 10oy) (Year) Hour	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
	IAPPROX)	While At While At Work			
22 I consider shop (1) (Abite beganted) general also to so 15					
	that (I) (we) last sow the deceased alive		19 7 / ond tha	t in(my) (our) apini	on death occurred on the date
	and hour and fram the causes stated above				
	23A, SIGNATURE				38. DATE SIGNED
	yalled a.	DEGREE Phys	nding Med. S	Hys. NIEAN	12/18/71
	23C. PHYSICIAN'S NAME (Type) P. SUR P. F.	RAO.	3D. ADDRESS		11
		DEGREE			
2	REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, ar county) (State)
1	Burial 12-21-71 SA. DATE REC'D BY HEALTH DEPT. 1258, MAI	Megdowridge (eme	tery Ho	ward County.	Maryland
	00000 4000 OC 00 3	VIE OF REGISTRAR	25C. FUNERAL DIRECTOR	730 Ras.	t Fort Norme
I	\$ 150-REV. 1/1/68	ANDRON PERSON	McGully Funero	al Home Bal	to., 11d. 21230



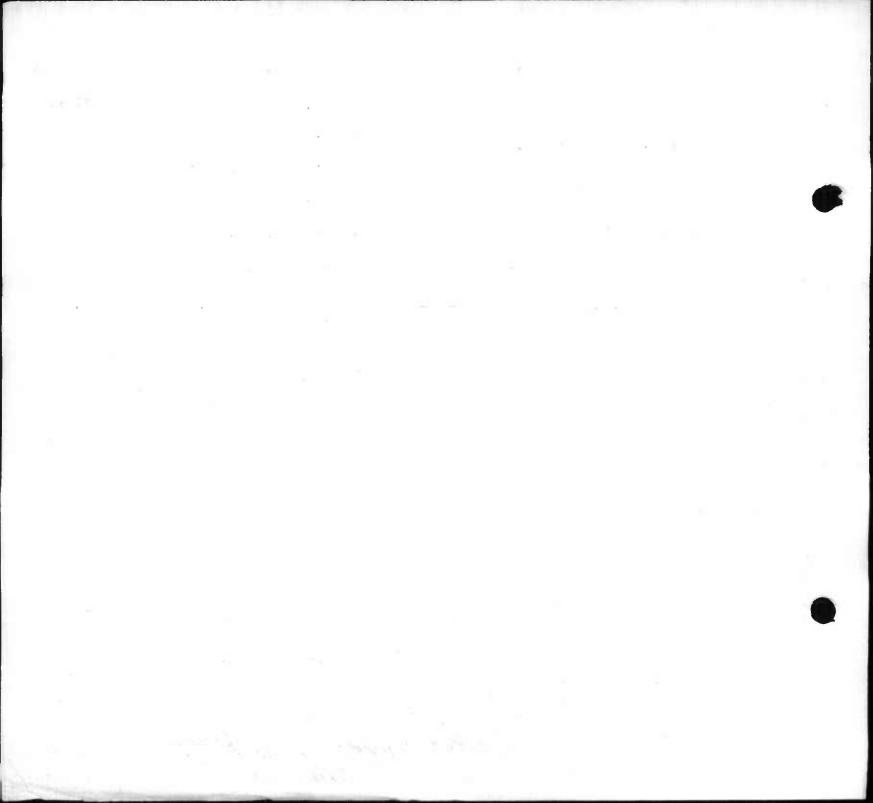
1 Q 71 11871 BALTIMORE CITY HEALTH DEPARTMENT

					100
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	/1

BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. N	1 118/1
1. NAME OF DECEASED (Type or Print) Sally M. SANDERE BAKER	2. DATE Known Month Doy OF DEATH Estimated	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 19	1971 4:37 P M
	5. USUAL RESIDENCE (Where deceased lived, if Institu	ition: residence before odmission)
South Baltimore General Hosp. (DOA		メチロン
MARKIED LI NEVER MARKIED L	Balto.	E CITY LIMITS?
female white widowed Divorced 9. DATE OF BIRTH 10. AGE (In years M Under 1 Yr. If Under 24 Hr	=1	YES NO
May 8, 1901 lost birthday) 70 Months Days Hours Mil	1403 Jackson St.	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Virginia	Robert Atkins	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST done during most of working lile, even if retired)	TRY 15. MOTHER'S MAIDEN NAME	
Knitter Knitting Mill 14. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	Elizabeth Shupe	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no esynknawn) (II yes, give wor or dates of service)	1 A Dana Chrismon 80/10	RSON Street
19. / 8 4 . / CAUSE OF DE		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Cancer of	vulva	BETWEEN ONSET AND DEATH
LEADING TO DEATH	E CAUSE	
	R AS A CONSEQUENCE OF:	
injuly of compression which caused dealin.)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY GIVING (B) DUE TO, O	DR AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	N W W COURTER OFF	
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	WAS PERFORMED	21. AUTOPSY? (Yes or No)
0		no
UNDERTAING TO COMIKIE	g., In ar about 22C. WHERE DID (If in Ballimare City, give fice bldg., etc.) INJURY OCCUR?	exact location)
22D. TIME (Month) (Dov) (Year) (Hour) 122E INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT NO	OT WHILE C	
23. m. WORK AT	WORK	
	Cutopsy and that on this basis, death in r	
resulted from: Natural causes Accident Suic	ide Homicide Undetermined manne	er 🔲
ACTUAL O O OF R.	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE / CUSCH TO NOTE M.	.D. ASSISTANT MEDICAL EXAMINER	DAIL SIGHED
EXAMINER'S Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER	12-20-71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER' REMOVAL (Specify)	Y or CREMATORY 24D. LOCATION (City, to	own, or county) (State)
Burial 12-22-71 Pilonims Rev	st Cemetery Pulaski Coun	tu. Vinoinia
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Md ull	ADDRESS Home
DEC 23 1971 (16 Jan & Jan Ben, 16 M.	130 East Fort Avenue	Balto., Md. 21230
VS 151-REV. 1/1/68	0 1 0 6	



1	CEDITIEICA	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO. 71 11872
death death eased n the Such	BIRTH NO. 1. NAME OF DECEASED	AL OI DEATH
S	JAMES N. HORSEY	Dec. 20,1971 8:30
spita b of i) Dec nce o eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. /80/
cau cau use; tend	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
ting d cau	905 W. Mulberry St.	E. STREET AND NUMBER
TO		905 W. Mulberry St.
trik min gol	6. RACE Male Colored 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	June 21, 1910 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ath or con determined in is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
deat Und as in	Cementa Finisher	Calvert Co. Md.
f d way	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
nt if death direct or c ; (4) Undet th was in the dec	Harry Horsey	Carrie Henson
B B B O -	15. Was Deceased Ever in U. S. Armed Forcas? (Yas, no or unknown) (If yes, give war or dolos of sarvice) 16. SOCIAL SECURITY, NO.	17. INFORMANT ADDRESS
W - E :-	Yes W.W.2 218-05-5198	Emma Hersey 905 W. Mulberry St.
S S S O	18. 4/0 9 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
So of of	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	115CND 12 min
b . 3 0 . B	(This does not mean the mode at dying, e.g., heart failure, osthenia, etc. It means the disease,	A CONSEQUENCE OF
act property of a property of	injury or complication which caused death.)	i thot lovonay ocher
B 0 0	ANTECEDENT CAUSES (B)	1
exa (3) A n w in r		A CONSEQUENCE OF:
dical dical rrns; (/sicial was i	UNDERLYING CONDITION last, (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IN OTHER PRIMINAL OTHER SIGNIFICANT CONDITION OF THE TERMINAL ONDITION OF THE TERMINAL CONDITION OF	
ELDO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
Chie Body the ysic	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	CONTRIBUTION OF INJURY 18.94 II	n or about 21 C. WHERE DID (It in Boltimore City, give exact location)
	DEATH (nonty modical examine) etc.)	lice bidg., INJURY OCCUR?
	OF INJURY (Month) (Doyl (Your (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2 2 3 0 0	(APPROX.) While At Not While At Work At Work	'
	22. I certify that (1) (this hospital) attended the deceased fram	19 67to /2-2/19 7/
0 0	that (1) (we) last saw the deceased alive an	19 9 and that In(my) (our) apinion death accurred on the date
ust be cessed to dent of dent of cospital death)	and hour and from the causes stated above. (1) (We) (did (did not) of	lew the bady after death.
3 6 0 5	1 1000000	nding Med. Shoff 77
	DEGREE Phys.	And Med. Stoff 2-22-7
ificate y was r 1) An a t.A. at a d prior	NAME (Typel	God Id Reight A. D.
the same the	24A. BURIAL CREMATION, 24B. DATE 24C. NAME SIGEMETERY PER CRES	MAJORY 24D. LOCATION (Circulation, or county) (Stoje)
This certifulation of the body shows: (1) was D.O was the body written a	BUMIA 12/24/7/ Bellish	Toll C. Botteeby up P
the bod shows: was D.G decease	25A. DATE REC'D BY HEALTH DEPT. 25B. WANTE OF REGISTRAR	RIST FUNDAL DIRECTOR SPORESS
ませる 3 4 3	DEC 23 1971 (Ba & E Ja Rev. M.D.	WILLIAM TEMPLAY HOME 31941 LARDY HOLL



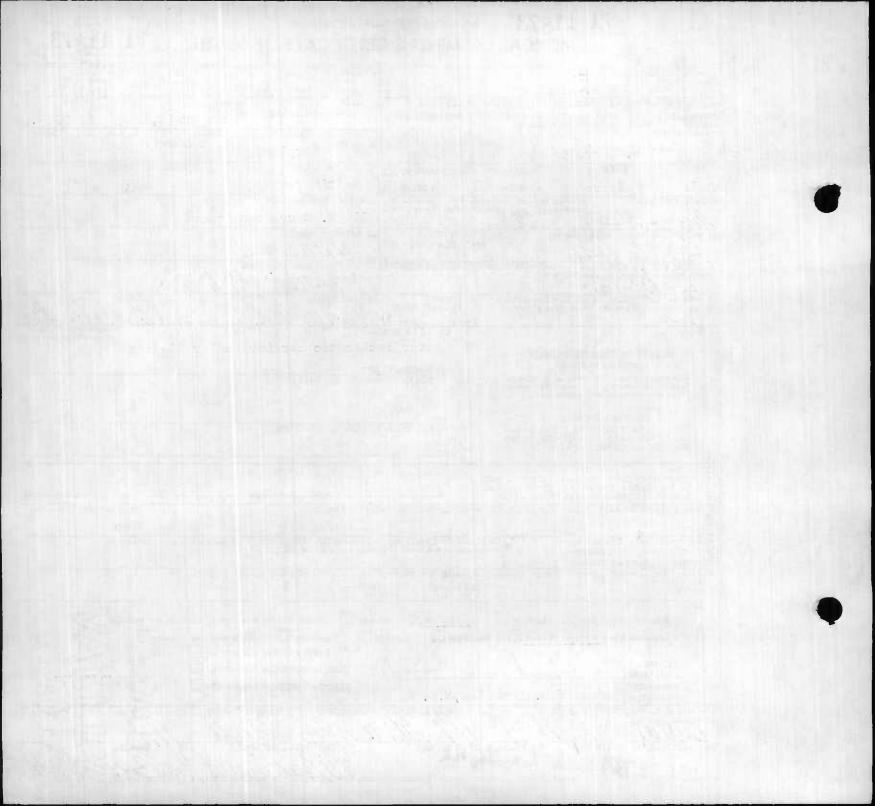
ADDRESS

REMOVAL (Specify)

VS 151.4EV. 3/1/68

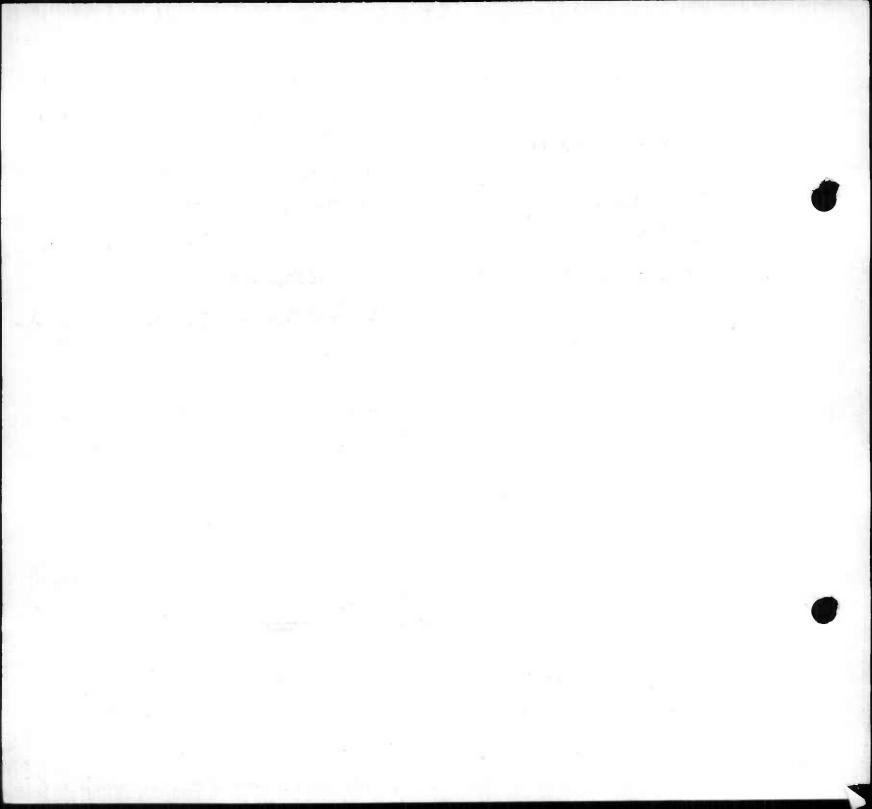
25A. DATE REC'D BY HEALTH DEPT.

DEPT. 258-NAME OF REUSTRAR



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BRITH NO. BRITH NO. CERTIFICATE OF DEATH REG. NO.
S. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD S. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD S. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD S. STATE RESIDENCE (Whom decessed lived. II institution residence before admission) A. STATE RESIDENCE (Whom decessed lived. II institution residence before admission) A. STATE RESIDENCE (Whom decessed lived. II institution residence before admission) A. STATE RESIDENCE (Whom decessed lived. II institution residence before admission) A. STATE RESIDENCE (Whom decessed lived. II institution residence before admission) A. STATE RESIDENCE (Whom decessed lived. II institution residence before admission) A. STATE RESIDENCE (Whom decessed lived. II institution residence before admission) A. STATE RESIDENCE (Whom decessed lived. II institution residence before admission) C. CITY OR TOWN
3. PLACE IN BALTIMORE, MARRIEAD, WHERE FRONOUNCED DEAD 3. PLACE IN BALTIMORE, MARRIEAD, WHERE FRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institutions residence before admissional property of the propert
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION A COUNTY A COUNTY
S. SEX G. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in ydus Months) Doys Months Doys
S. SEX G. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in ydus Months) Doys Months Doys
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in regree 10. Add
MARKIED NEVER MARKIED SOLATE OF BIRTH 19. ACT OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side of loreign counity) 10A. USUAL OCCUPATION (Qive kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side of loreign counity) 11. BIRTHPLACE (Side of loreign counity) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT APPROXIMATIQUITERVAL BETWEEN ONSETIAND DEATH (This does not mean the mode of dying, e.g., heart failure, astheria, elc., Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) slating the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE OF: DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) AUSTRALL OF THE TERMINAL DISEASE OR CONDITION OF PART I (A) INTERVAL SECURITY OR S
IDA LOCCUPATION (Qive kind of work IDE, KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Side of Toreign country) IDE COUNTRY IDEA C
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Wos Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, astheria, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the UNDERLYING CONDITION [ast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION RELATED TO THE TERMINAL DISEASE OR CONDITION RELATED TO THE TERMINAL DISEASE OR CONDITION RELATED TO THE TERMINAL DISEASE OR CONDITION RELATED TO THE TERMINAL DISEASE OR CONDITION RELATED TO THE TERMINAL DISEASE OR CONDITION RELATED TO THE TERMINAL DISEASE OR CONDITION RELATED TO THE TERMINAL DISEASE OR CONDITION RELATED TO THE TERMINAL DISEASE OR CONDITION RELATED TO THE TERMINAL DISEASE OR CONDITION RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4)
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, astheria, elc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the UNDERLYING CONDITION (ast, astheria, continuous contributions) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASES OR CONDITION IN PART 1 (A) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASES OR CONDITION IN PART 1 (A) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASES OR CONDITION IN PART 1 (A)
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heart failure, astheria, elc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)
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nise to the above cause (A) slating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street office bldg., INJURY OCCUR? etc.) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street office bldg., INJURY OCCUR?
D 21D-TIME IMonth) (Day) (Year (Hour 215 IN HIPY OCCURRED) 215 HOW 217 IN HIPY OCCURRED
While At Work (APPROX.) While At Work
22. certify that (I) (this haspital) attended the desected from 1/1/1/1/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2
that (i) (we) last saw the deceased alive an 12/23 19 2 and that in (my) (aur) apinian death accurred an the date
and haur and from the causes stated above. (1) (We) (did) (dld nat) view the bady after death.
23A. SIGNATURE 23B. DATE SIGNED
Attending Med. Director Phys. Direct
23C. PHYSIGHAN'S NAME (Type) 23D. ADDRESS
ALLAN H. MACHT Morgan VE Read ST BOOML 2/200
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Gills, Swyl, or county) (Stotel
25A, DATE REC'D BY HEALTH BEPT. 25B, NAME OF RECISION 25C, FUNDER DIRECTOR ADDRESS
DEC 23 1971 Color C. Salar Color Recorded Director Director State
VS 150-REV. 1/1/68



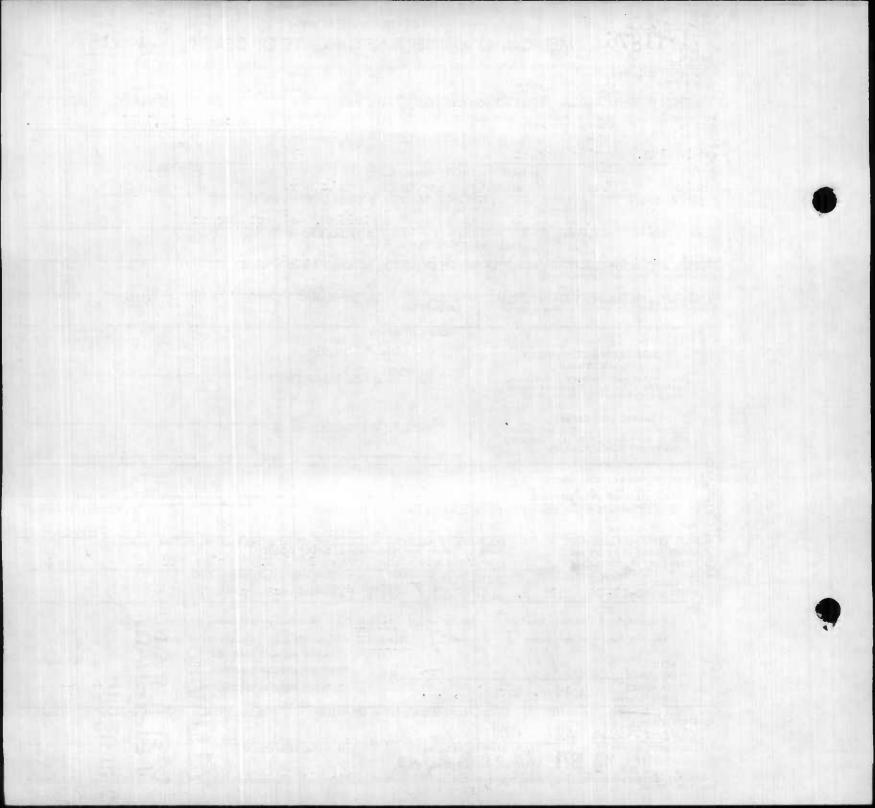
71 11875 BALTIMORE CITY HE	ALTH DEPARTMENT
7-543 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 11875
BIRTH NO.	
I. NAME OF DECEASED (Type or Print) GEORGE LEE REYNOLDS	2. DATE Known Month Doy Yeor Mour OF DEATH Estimoted Month M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD December 17,1971 10:00 A
HOSPITAL OR TIET ATE AMENDET	5. USUAL RESIDENCE (Where deceased lived. # Institution; residence before admireton)
MARYLAND GENERAL HOSPITAL 1-7-72	A. STATE Maryland B. COUNTY 1801
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
June 10, 1929 lost birthdoy) 42 Months, Doys, Hours, Min.	821 W. Saratoga Street
11. BIRTHPLACE (Side or loreign country) 12. CITIZEN OF WHAT COUNTRY?	Clarence Drummond
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done dusing most of working life, even firetired)	Mordeline Keywolds
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ngosunknown)(If yes, give wor or doles of service) SECURITY NO.	18. INFORMANT ADDRESS ADDRESS ADDRESS
YES Kerean War 2/6-20-5728	TWIN 1/84 NOIGS 1660 N. (00" 3 1/1/160)
CAUSE OF DEAT	IBETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	etamorphosis of liver
LEADING TO DEATH (A)IMMEDIATE C	Ethylism
(This does not mean the made of dying, e.g., heart latiture, astheria, etc. it means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CALLETE	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z UNDEKLYING CONDITION LASI. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Fatty m	etamorphosis of liver
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	In or obout 22C. WHERE DID (If in Boltimore City, give exact location)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 12E-INJURY OCCURRED	e bidg., etc.) INDUKT OCCUR?
	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	WHILE
(APPROX.) m. WORK AT W	ORK LI
	topsy ond that on this basis, death in my opinion
resulted from: Natural couses 🗵 Accident 🗌 Suicid	
resolved from: Mandat cooses RET Accident	CHIEF MEDICAL EXAMINER
ACTUAL / / / ///	DATE SIGNED
SIGNATURE M.D	-
EXAMINER'S Ronald N. Kornblum, M. D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 12/18/71
24A. BURIAL CREMATION, 24B. DAJE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or couply) (State)
REMOVAL (Specify)	Al A 17 (State)
SUMO JUJAXIII ACITYSDUM	Wallem Hallysburg /2.
ACA DATE DECID BY HEALTH DEAT. locd Atmission P bendenda	/ LOCAL CHAICAGE PROCESS

VS 151-REV. 1/1/68

1-7-72 - Letter from - Office of the Chief Medical Examiner, Ronald N. Kornblum, M.D.
Assistant Medical Examiner

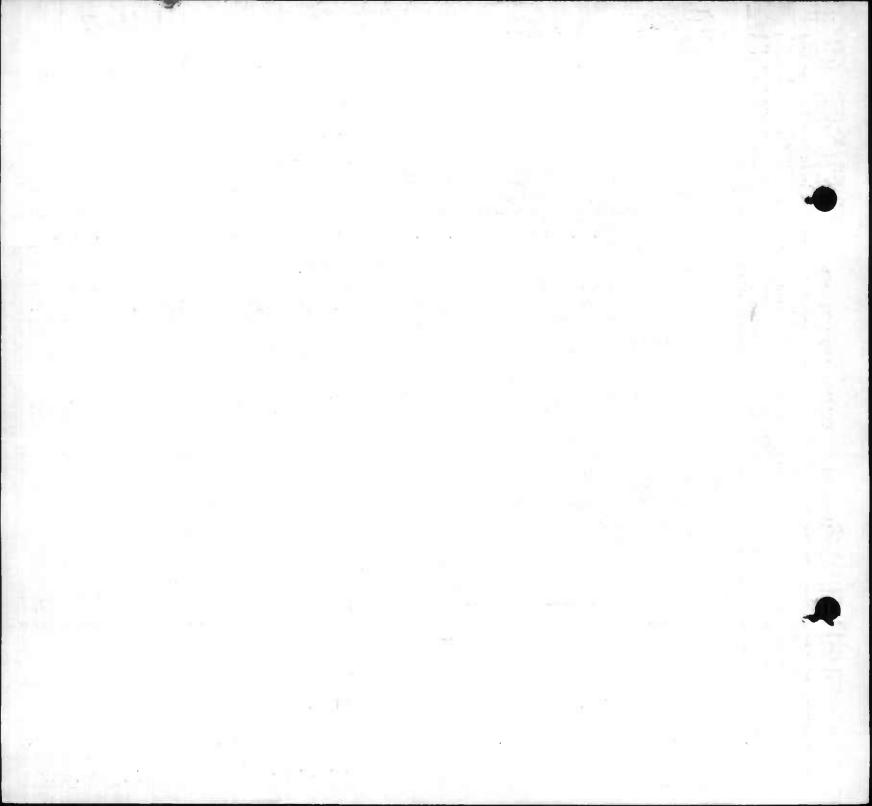
HRS

BALTIMORE CITY HEALTH DEPARTMENT 71 11876 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 11876							
BIRTH NO. MEDICAL EXAMINER'S C	LERTIFICATE OF DEATH REG. NO.	110/0					
1. NAME OF DECEASED (Type or Print) JAMES LESLIE NEELY	2. DATE Known Month Doy OF DEATH Estimated	Year Hour					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Haur					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION CAMPUS - JOHNS HOPKINS UNIVERSITY	December 18, 19 5. USUAL RESIDENCE (Where deceased lived. If Institution:	7415					
3401 N. Charles Street	A. STATE Maryland B. COUNTY	1202					
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT						
Male White WIDOWED DIVORCED DI	Baltimore yE E. STREET AND NUMBER 2935 N. Calvert Street	s No 🗆					
11. BIRTHPLACE(Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME						
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	115. MOTHER'S MAIDEN NAME						
5 tudent 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown)(If yes, give war or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT 124 EM	DRESS Drive					
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	+ Ta 1 11 11 11	ton, NC 2840,					
19. E 950.91 CAUSE OF DEA	TH Poisoning	BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE O							
	AS A CONSEQUENCE OF:						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.)							
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No) yes					
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., Industry Indus	to as about 22C WHERE DID (II to Relations City about						
	e bldg., etc.) INJURY OCCUR?	tt location)					
UTING CAUSE OF DEATH. Graduate Club	22E HOWDID INTURY OCCUPS	1202					
UTING CAUSE OF DEATH. Graduate Club	3401 N. Charles Street	(1 location)					
UTING CAUSE OF DEATH. Graduate Club	3401 N. Charles Street	1202					
UTING CAUSE OF DEATH. Graduate Club	3401 N. Charles Street 22F. HOWDID INJURY OCCUR? Subject drank Cyanide topsy X and that on this basis, death in my of the control of the c	opinion					
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 12-17-71 5:30 P. m. WHILE AT WORK	3401 N. Charles Street 22F. HOW DID INJURY OCCUR?	opinion					
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) OF INJURY OCCURRED. OF INJURY (APPROX.) 12-17-71 5:30 P. m. WORK NOT AT WORK 1 certify that I held an Inquiry Inspection Accident Suicident Suicident Signature EXAMINER'S Ronald N. Kornhlum M.D.	3401 N. Charles Street 22F. HOW DID INJURY OCCUR?	opinion					
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 12-17-71 5:30 P. m. WHILE AT WORK	3401 N. Charles Street 22F. HOWDID INJURY OCCUR?	opinion DATE SIGNED					
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OCCURRED	3401 N. Charles Street 22F. HOWDID INJURY OCCUR? Subject drank Cyanide topsy S and that on this basis, death in my of the street of the str	DATE SIGNED 12/19/71 (or county) (Stote)					



		2	1.
	written approval must be obtained before the remains are embalmed or final disposition is made.	Writter	- 1
1	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	was D.	
	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	shows:	2.0
	ly was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	the boc	-
	rtificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	This co	-

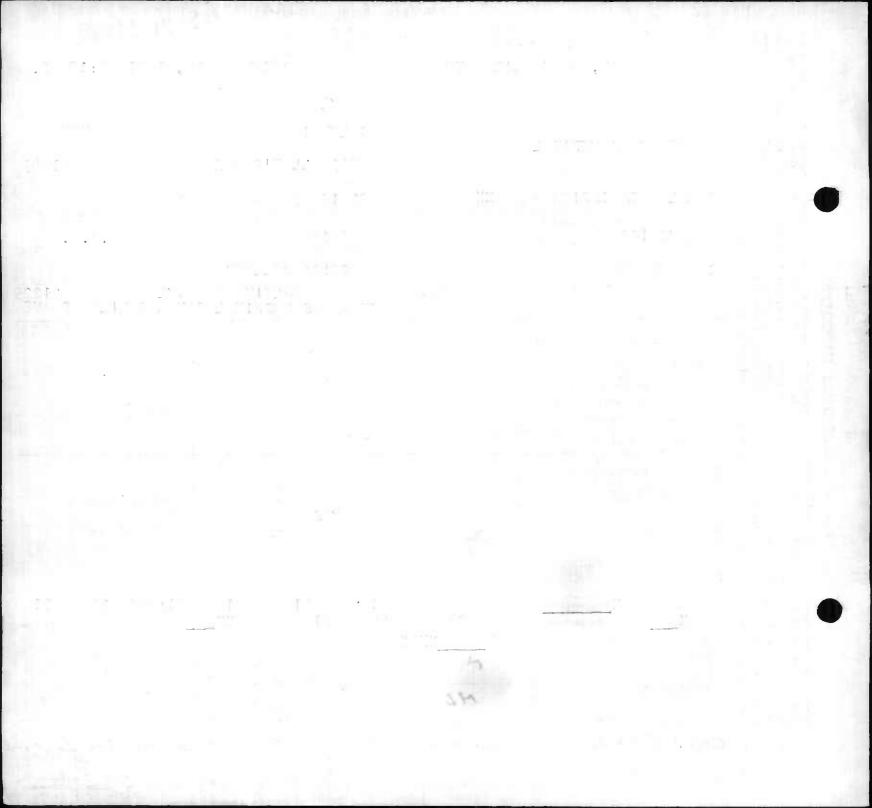
1	523	71 13	1877		TE OF DEATH	X REG. NO.	1 11877
1.1	NAME OF DECEASED	J. Tei	nnyson	Einstein	2. DATE AN	D HOUR OF DEATH 21, 1971	15'00 0
3.	PLACE IN BALTIMORE,	MARYLAND, W	HERE PRONO	UN CED OEAO	4. USUAL RESIDENCE (When	re deceased lived, If in:	stitution: residence before admission
HC	LL NAME OF IF I	NOT IN HOSPIT DRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland	Pris	and the same of th
	423 Aca	idemy Ro	oad		Baltimore E. STREET AND NUMBER	D 1 010	YES NO
					423 Academy		28
5. :	M	W	7- MARRIED WIDOWED	DIVORCED	7-4-1899	9. AGE (In years lost biulday)	II Under 1 Y. II Under 24 His. Months: Doys Hours Min.
don	. USUAL OCCUPATION of during life	(Give kind of work , even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forci	gn country)	12. CITIZEN OF WHAT COUNTRY
	Executive		evens E	Bros.Inc.	Baltimore, Ma	aryland	U.S.A.
13.	FATHER'S NAME				14 MOTHER'S MAIDEN NAM	ME	
	Jacob Ein				Ann P. Tenr	nyson	
15. (Ye:	Was Deceased Ever in Us, no or unknown) (If yes, 1	S. Armed For	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 18
L	Yes	WWI	2	12-12-0686	Mr. Robert E	instein 3700	N. Charles St.
	DISEASE OR CO	1	renv	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING	TO DEATH		(A) IMMEDIATE CAU	SE Commy orch	Punin	1 muchit
	(This does not mean heart failure, asthenia, Injury ar camplication	etc. If means	the disease.		CONSEQUENCE OF:		
		ENT CAUSES		attu	ralesta CI		alut 10 yo.
	DISEASES OR CON	DITIONS. If	any, civing	DUE TO, OR AS	A CONSEQUENCE OF:		1030
	rise to the above UNDERLYING COND	cause (A)		(c)		-	~~~~~
ATTON	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	TRELATED TO THE	E TERMINAL	***************************************	***************************************		
CERTIFICA	194-OATE OF OPERATE	WAS PERF	ORMED	WHICH OPERATION	20A. AUTOPSYT (Yes or No.	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
CAL C	21A ACCIDENT WAS I OR CONTRIBUTING C DEATH (notify medical	UNDERLYING CAUSE OF examined	21 B. hom elcJ	e, form, foctory, street, of	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
1	21D. TIME Month) OF INJURY (APPROX.)	(Doy) (Year)		INJURY OCCURRED Not While At Work	21F. HOW OID INJU	URY OCCUR?	
	-		Wor	THE THE RESERVE			
	22. I certify that (1)			C	· · · · · · · · · · · · · · · · · · ·	958 to	9-28 19 7/
that (1) (we) last saw the deceased alive an 9 and that in (my) (ear) apinian death occurred an the date and hour and from the causes stated above. (1) (We) (did not) view the bady after death.							
	23A. SIGNATURE	4 COUSOS STOT	ed abave. (I	/ (mgcard) (did not) vi	ew the bady after death.		23B, DATE SIGNED
		Suf	Africa	DEGREE Phys.		Staff Phys.	12-23-71
	23C. PHYSICIAN'S NAME (Type)	Dr. Sid	ney Sc	herlis	11 E. Chase	e Street	
	BURIAL CREMATION,	24B. DATE		ME of CEMETERY OF CRE			, town, or countyl (State)
	Burial	12-23-7		oudon Park		Balto.	Md.
25A	DEC 23 19	TH DEPT.	25B. NAME C	of registrar	25C. FUNERAL DIRECTOR H. W. Jenk 4905 Yo	ins & Sons ork Road E	Co. Balto., Md. 21212
VS	150-REV. 171/68			1 12 11			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. V\$ 150-REV. 1/1/68

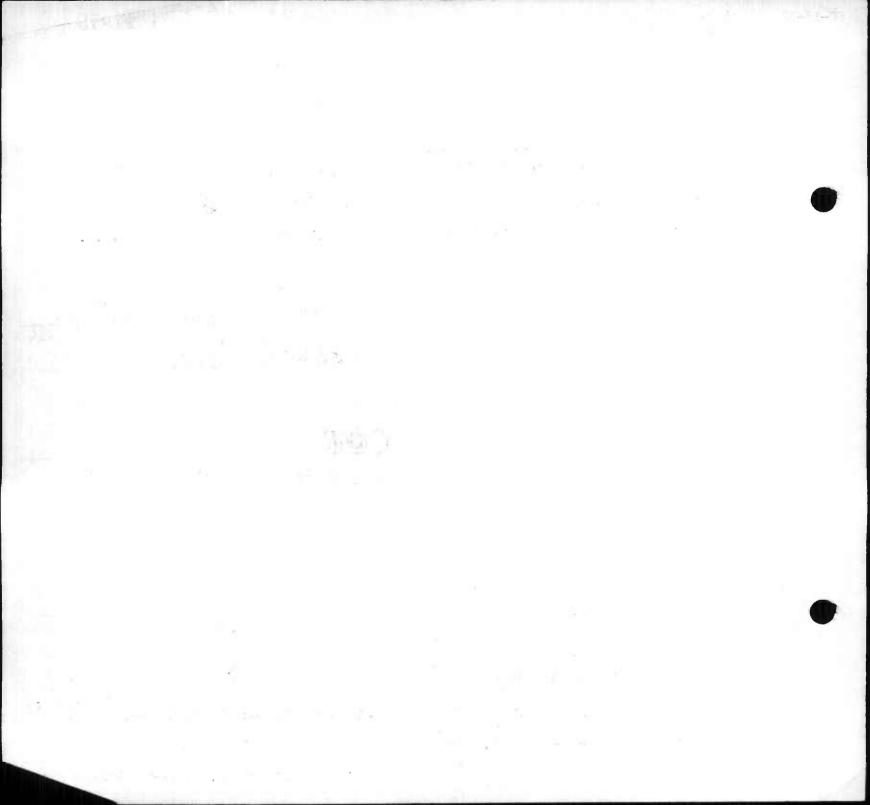
	M-620 71 118		HEALTH DEPARTMENT	X REG. NO. 7	1 11078
1.	NAME OF DECEASED	60 00000		AND HOUR OF DEATH	0.6
	Type of Print) MARSH, MARY EL	IZABETH	,	EMBER 22.	1971 9:10 P
3	L PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO UN CED DEAD		here deceased lived. If in	stitution: residence before admission)
F	TULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAND	HØ₩ARD	6200
, ii	HOSPITAL OR ADDRESS OR LOCATION	7	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	ST AGNES HOSPITAL		COLUMBIA		YES NO
	to		5033 ELLOT	S OAK RD	21043
		RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		WED DIVORCED	02 15 93	78	
de	DA. USUAL OCCUPATION (Give kind of work 10B, KII one during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or to	reign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE		OHIO		U.S.A.
Ш	3 FATHER'S NAME		14. MOTHER'S MAIDEN N		
ш	CHAD HADDON		JESSICA POL	LOCK	
(Y	i. Wes Deceased Ever in U. S. Armed Forces? as,no or unknown) lif yes, give war or dotes of ser	Vice) 16. SOCIAL SECURITY NO.	ST AGNES HOS	IMORE MARY	
CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, is a the above cause (A) stating UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM (DISEASE OR CONDITION GIVEN IN PART 1 (A). 11 17A-DATE OF OPERATION 1798 CONDITION	iving the (c) Coru	Som Correla A CONSEQUENCE OF: Waller Through	: Edence	archon
EPTIFIC	2 WAS PERFORMED	FOR WHICH OPERATION	YES	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
CALC	OR CONTRIBUTING CAUSE OF	21& PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
MEDI	(APPROX)	While At Not While At Work		JURY OCCUR?	
24	22. I certify that (IX(this hospital) attention (IX) (we) last saw the deceased alive and hour and from the couses stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 124B. DATE	on DECEMBER 2 ve. (X) (We) (did)X(X(X)X(X) DEGREE Phys	2 19 71 ond to sew the body after death. Iding Med. Director 3D. ADDRESS	Stoff Phys. M	238, DATE SIGNED W 3 25 25 25 25 25 25 25
25	REMOVAL (Specify) REMATION Dec 23,71 A. DATE REC'D BY HEALTH DEPT. 1258, NA	Toudon Par	4	801 Frede	ick are Balt in
110	EC 99 1074 2.0.00 3.6	10 B	V & 000.	a. L Pil	2 9130 F. 1 D

Rol.



L5 - 33	1	Los
leased to the hospital by a medical examiner or his assistant if death occurred in a hospital and I leased to the hospital by a medical examiner. Also, if the direct or contributing cause of death ident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	must be obtained before the remains are embalmed or final disposition is made	

5-33	5	j	B-56071 11879		HEALTH DEPARTMENT	1 11879
and eath ased	uch		SIRTH NO.	CERTIFICA	TE OF DEATH	
	S		Type or Print) Katherine Ra	hNER	2. DATE AND HOUR OF DEATH	8:50 P
hospital	主		B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in:	stitution: residence before admission)
	de	- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT	TION, GIVE STREET	Maryland	2646
O N G	-		Ration Hace CORD But	•	C. CITY OR TOWN D. INSII Baltimore	YES A NO
ing cau		3	Jall Clip 1 4940 Eastern		E. STREET AND NUMBER	TES ES NO []
tribut	d b o	- 15	Baltimore, Maryla	NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years	21222
ntri			emale Caucasian WIDOWED	DIVORCED	7/23/85 lost birthdoyl	Months Days Hours Min.
or co	dece		OA. USUAL OCCUPATION (Give kind of work 108, KIND OF E one during most of working life, even if retired) Retired Nationa		11. BIRTHPLACE (State or foreign country) Baltimore	12. CITIZEN OF WHAT COUNTRY?
P + D 8	the	ī	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
dire :	disp					
assistant if the di ny kind; id death	ce o	C	5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown] (If yes, give wor or doles of service)	6. SOCIAL SECURITY NO.	BCH-Records 4940 Easter	
	nda		18.4/12.4/1	CAUSE OF DEATH	pairimore.	Maryland 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also, e of c	atte		DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAU	SF C A	Imonth
5 0	ar c		(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury at camplication which caused deoth.)		CONSEQUENCE OF:	***************************************
min frac	Boll		ANTECEDENT CAUSES	A.	SCUD	20604
examine examiner 3) A fracti			DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the	DUE TO, OR AS	A CONSEQUENCE OF:	
- ° C -	ins in		UNDERLYING CONDITION last.	(c)		1900 000 000
medic nedic burn hysic		100	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	GA SO	MADONA COPD	15grs.
Sod Sod	Sic	01114010	19A. DATE OF OPERATION 198. CONDITION FOR WH	ICH OPERATION	NO 20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
al by	0 0		OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (e.g., in form, foctory, street, offi		City, give exact location)
hospital nature; (and (6) N obtained t	100000	OF INJURY (Month) (Doyl (Yeor) (Hour) 21E, IN (APPROX.)	At Not While	21F. HOW DID INJURY OCCUR?	
he hos	and		22. I certify that (1) (this haspital) attended the	- AI WOIK	1/18/7/ 10 10	1 / 7 2 10 7/
ap to t	* 6	П	that (1) (we) last saw the deceased office on	1422	19 Ond that in (my) (our) apini	on deoth accurred an the date
ust be eased ident nospite	death) must b		and hour and fram the causes stated above. (1) ((We) (did) (did not) vi		
ET UT	D E		Daniel by ballo	Atten Phys.	ding Med. Staff	DIZZI7/
ate as re	ior		23C. PHYSICIAN'S NAME (Type)	DEGREE	ID ADDRESS	940 Eastern Ave.
A	T dd	24	A. BURIAL CREMATION, 124B, DATE 124C, NAM	9/19 DEGREE	Baltimore City Hospitals B	alto. Waryland 21
0.0dy v 0.0.A	asec en c		REMOVAL (Specify)	Carmel	Baltimore, Mary	town, or county) (Stote)
This certi the body shows: (1 was D.O.	deceased prior written approva	25	FC 27 371 Pare & Select R.		25C. FUNERAL DIRECTOR	ADDRESS
「 サ 古 3	ğξ	1	FC 27 1971 Valle E. Valley, M.	Z.		-07 Easte

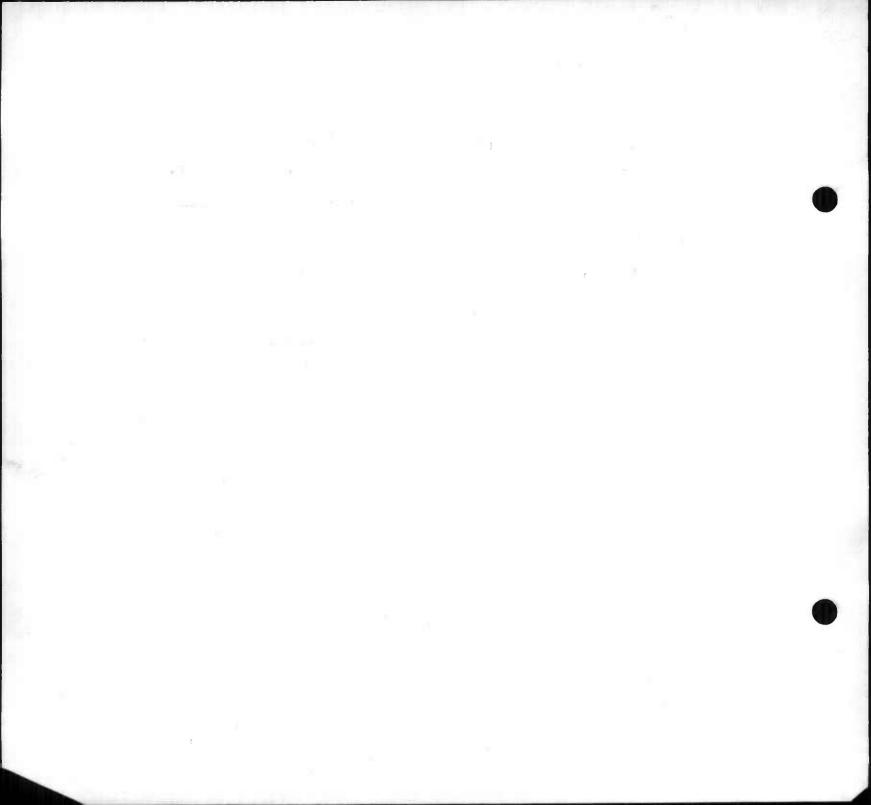


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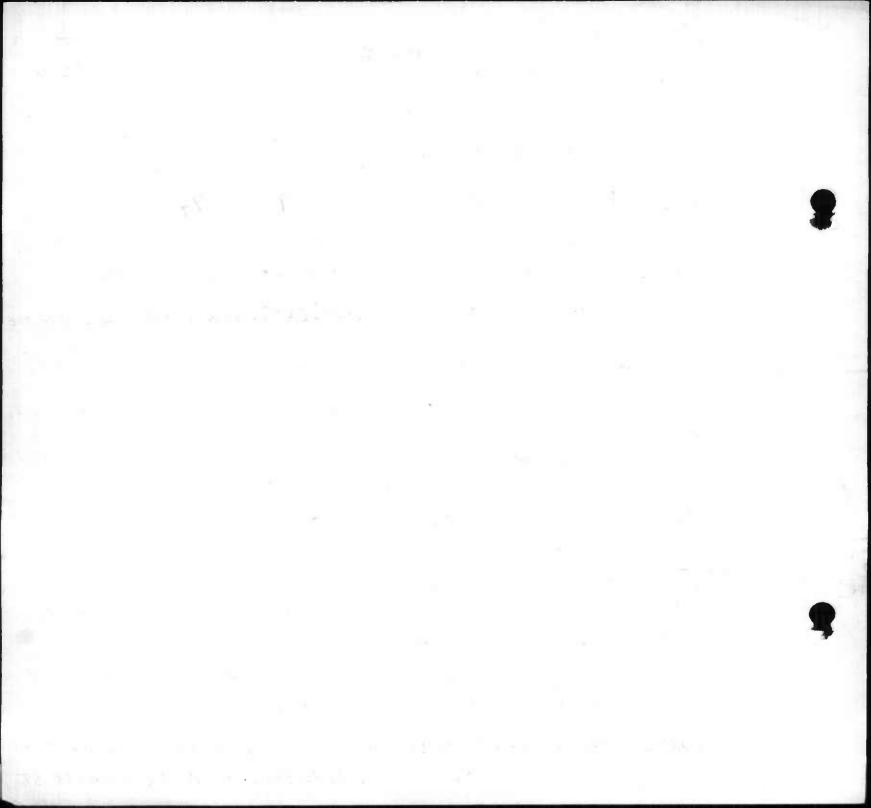
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and Also, if the direct or contributing cause FUNERAL DIRECTOR: the body was released to the hospital by a medical examiner.

	111-343 /7 11080	TE OF DEATH REG. NO. 71 11880				
	T, NAME OF DECEASED (Type or Print) MARY WOODARD	2. DATE AND HOUR OF DEATH				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD	4. USUAL RESIDENCE (Where decedsad lived, If institution: residence before admission)				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND PLANT				
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN BALT I MORE D. INSIDE CITY LIMITS?				
	THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER				
	5. SEX 6. RACE 7. MARRIED AUGUST MARRIED	1103 E. ØEDERAL ST.				
	6. RACE A A A A	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 15 Months Days Haurs Min.				
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	GUS MILLER,	ESTELLE OWENS				
	5. Was Deceased Ever in U. S. Armed Forces? Yes, na ar unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
	212-10-1127 18.	Chart APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heard foilure, asthenia, etc., it means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Ex Languniation 20 BETWEEN ONSET AND DEATH SE C-T Electing 2 his A CONSEQUENCE OF: Longaly, Jambles, askitti Cheane Clecholism 20A. AUTOPSY? (Yes of No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street olf DEATH (notify medical exominer) 21B. PLACE OF INJURY (e.g., in home, form, foctory, street olf elc.)	ice bldg. INJURY OCCUR?				
	OF INJURY (APPROX.) (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?				
22. I certify that (f) (this hospital) attended the deceased from 19 ta that (f) (we) last saw the deceased alive an 19 and that in (fig) (aur) apinion death accurant haur and from the causes stated above. (We) (did) (did not) when the bady after death.						
	DEGREE Phys.					
	tames Franklin (-rim MD)	Baltimore, Md.				
	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATE 12/23/77 Mt Aubanes C	MATORY 24D. LOCATION (City down, or county) (State)				
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	256 Puneral Director Adolphus Halstead 1206 W north				

VS 150-REV. 1/1/68



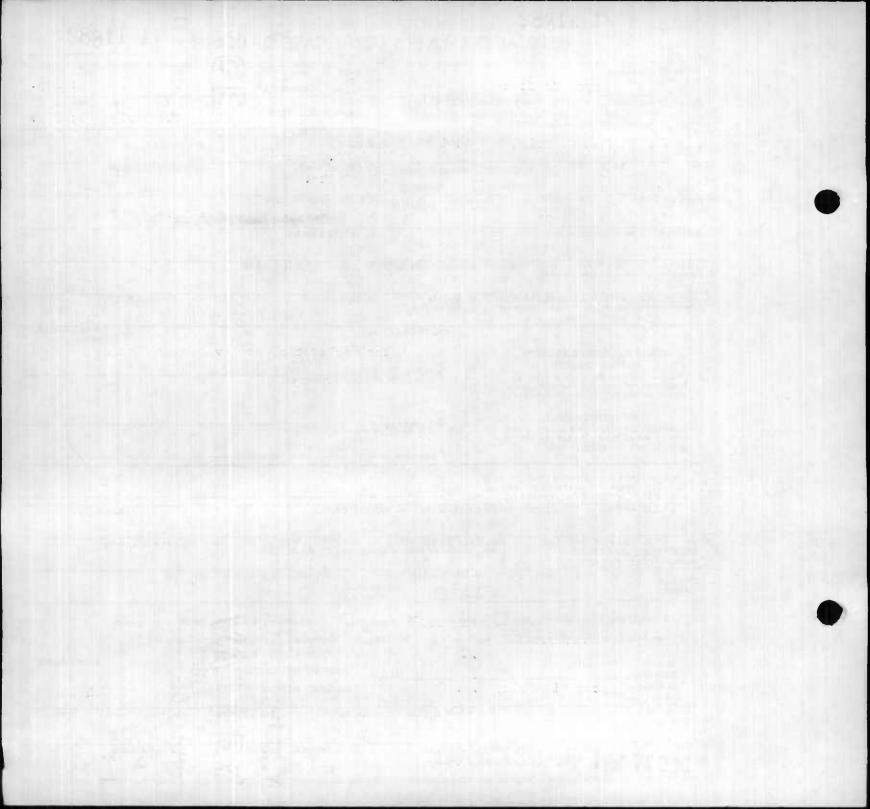
-	Z-220 71 11881 BALTIMORE CIT	Y HEALTH DEPARTMENT	
B	CERTIFICA	TE OF DEATH REG. NO. 7	1 11881
17.	NAME OF DECEASED OF Ha	SALINS 2. DATE AND HOUR OF DEATH	
	HATILDA ZUCHOWSI	C1 12-20-71.	16-55 P W
3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, 11 institution A. STATE B. COUNTY	on: residence before admission!
F	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. BALTO	602
111	NSTITUTION ASSESS OF EGGATION	C. CITY OR TOWN D. INSIDE CI	_/
	CHURCH HOME CHOSPITAL	SALTO YES	NO D
	- Crost Crost I BZ	0	1224
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED		Inder 1 Yr. If Under 24 Hrs. ths Doys Haurs Min.
	WIDOWED DIVORCED		
de	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if relired)	11. BIRTHPLACE (Stote or loreign country) 12.	CITIZEN OF WHAT COUNTRY?
	HOUSE WIFE	mD.	AMER
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	KNATIUS FRANCISC LOWSKI	ICATHERINE.	UNK.
(Y.	5. Was Deceased Ever in U. S. Armed Farces? les, no or unknawn) life yes, give war or dates at service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO 2162004	8 MATILOA T. MORGAN 523	N LUZENJE AL
	18. 15 7. 9 CAUSE OF DEAT	10	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CARDIO - RESPIRATORY RAI	LORE - 2hro.
		ACONSEQUENCE OF: PERRECTUM.	inc. Iday.
	injury or complication which caused death.)	FEEL RECTUM.	
	ANTECEDENT CAUSES (B) (ARC	INOMA PAMEREAS WITH	UNCERTAIN
	rise to the above cause (A) stating the META	TASES IN LIVE, STRESS	52 Vice 15
	UNDERLYING CONDITION last. (C) ULC	ERS IN STOMACH, ASCITES	2
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Same as alware.	2
CERTIFIC	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION BLOOK	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN	GS CONSIDERED
CERT	21A. ACCIDENT WAS UNDERLYING 21B PLACE OF MULRY (e.g.,	N/40.	TO DEATH?
¥ V	OB CONTRIBUTING TICALIST	n or obout 21 C. WHERE DID (If In Baltimare City, fice bldg., INJURY OCCUR?	give exoct location)
EDIC			
ME	While AI No! While	21F. HOW, DID INJURY OCCUR?	
	Wark L. At Wark		
	22. I certify that (I) (this hospital) attended the deceased from	2-12-7/ 19 to 12	-20-19-7/
	and hour and from the course second about 11 (W.) (18 1) (M.)	and that in (my) (our) opinion d	eath occurred on the date
	ond hour and from the causes stated above. (I) (We) (did) (did-not) v		ATE SIGNED
	Atte		2,20/7/
	23C. PHYSICIAN'S NAME (Type)	Director Phys. P	/ / //
	Bocket	CHEH, BALTO.	
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE		, or caunty) (Stotel
	BURIAL DEC 24 1971 HOLY CROSS CEME		
25/	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR DIPPEL BROSIN(1800 E	ADDRESS
	DEC 27 1971 Black Jake AD	DIPPEL BROSING 1800 E	LOMBARD ST
VS	150-REV. 1/1/68		



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 11882 I. NAME OF DECEASED Known 2. DATE Month Day Year Hour (Type or Print) 1:05 p. OF 22 Sarah Trafton 12 71 Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 22 12 71 1:05 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) Union Memorial Hospital A. STATE B. COUNTY Md 6. SEX C. CITY OR TOWN 8. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS? Balto. female Negro WIDOWED -DIVORCED [YES X NOL 9. DATE OF BIRTH 10. AGE (In years last birthday) If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months; Days, Hours, Min. 7-26-1900 2516 Guilford Avenue 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Greenville, N. Carolina Albert Turner Branch 17. SOCIAL SECURITY NO. 219-20-5915A 18. INFORMANT 2516 Guilford AveadorESST8 Mrs. Viola Langford CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart follure, asthenia, etc. It means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). 16 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION | 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 228. PLACE OF INJURY (e.g., In or about 22C. WHERE DID (If in Balilmore City, give exact location) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Month) (Year) (Hour) 22E INJURY OCCURRED 22F. HOWDID INJURY OCCUR? OF INJURY NOT WHILE WHILEAT (APPROX.) WORK AT WORK

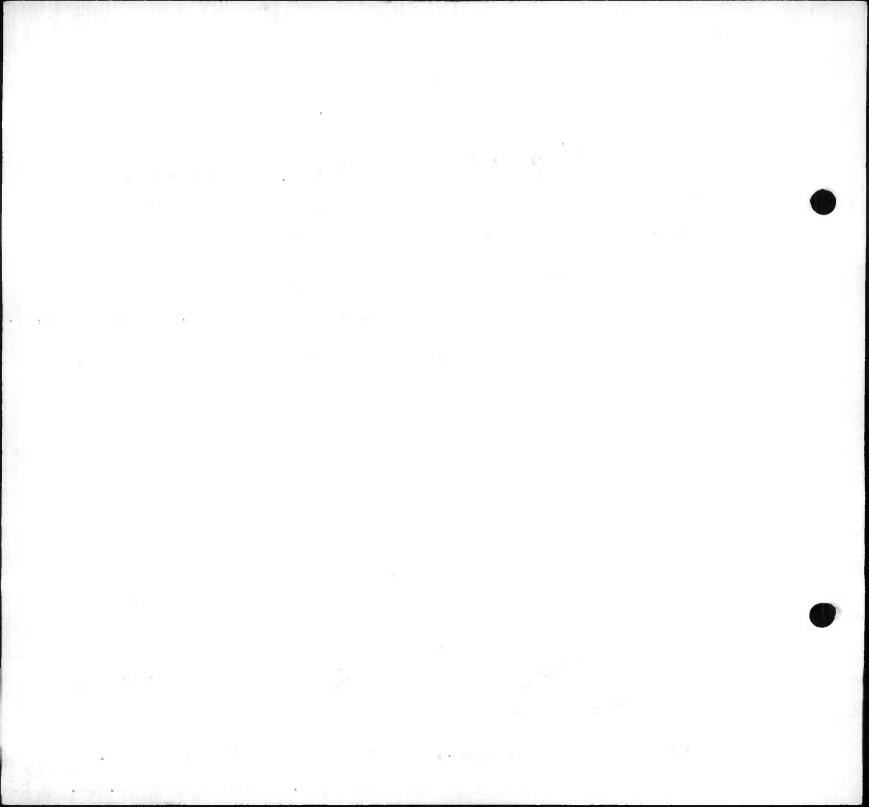
11. BIRTHPLACE (State or foreign country) 14ALUSUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME HOUSEWLIE

Mary Example: 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, noor unknown) (If yes, give wor or dotes of service) CATION CERTI **4** 22A. EXTERNAL CAUSE WAS I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Natural causes XX Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. EXAMINER'S Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER 12/22/71 NAME (Type) 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Arbutus Memorial Park Baltimore, Maryland Burial 12-28-7 25A. DATE REC'D BY HEALTH DEPA 258. NAMBOF REGISTRAR 25C. FUNERAL DIRECTOR 1735 Harfordprasse. 21213 Marshall W. Jones, Jr. VS 151-REV. 3/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.							ı.	
his certificate must be approved by the chief medical examiner or his assistant if he body was released to the hospital by a medical examiner. Also, if the direnows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4, ras D.O.A. at a hospital (except where the physician who pronounced death vecased prior to death); and (6) No physician was in regular attendance on the vritten approval must be obtained before the remains are embalmed or final disparities.)	death occurred in a hospital and	ct or contributing cause of death	Undetermined cause; (5) Deceased	vas in regular attendance on the	ne deceased prior to death. Such	osition is made.	
		is certificate must be approved by the chief medical examiner or his assistant if	ie body was released to the hospital by a medical examiner. Also, if the direc	nows: (1) An accident of any nature;: (2) Body burns; (3) A fracture of any kind; (4)	as D.O.A. at a hospital (except where the physician who pronounced death w	sceased prior to death); and (6) No physician was in regular attendance on the	ritten approval must be obtained before the remains are embalmed or final disp	

11.7	NAME OF DECEASED		IO DAYS AND HOUSE OF THE	
	po or Print)	ucille Carev	2. DATE AND HOUR OF DEAT	1 10250
3.	PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If	institution: residence before admissio
FU H (ILL NAME OF (IF NOT IN HOSPITAL DSPITAL OR ADDRESS OR LOCAT STITUTION	L OR INSTITUTION, GIVE STREET	Md. Bal	timore /56
I		ilmore Street , Md. 21217	Baltimore E. STREET AND NUMBER	YES NO
5.	SEX 6. RACE 7.	· MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years	
10,4		WIDOWED DIVORCED	Pot 8, 1901 lost birthdoy 70	if Under 1 Yi. if Under 24 Hr Months Doys Hours Min.
lon	Service Worker	None	Maryland	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1.5	William Cromwel		Mary Bryant	
Ye:	Was Deceased Ever in U. S. Armed Force s, ao or unknown) UI yes, give war or doles		Lena Johnson 1615 N.	ADDRESS Gilmone Balto N
	18. / 5 / 9	CAUSE OF DEAT	H Tena somison 1019 N.	APPROXIMATE INTERVAL
	DISEASE OF CONDITION DIRECT	CTLY ANIMMEDIATE CAU	Carcinoma of Stom	ach 3 yres
	(This does not mean the made of d heart failure, asthenia, etc. It means th injury ar camplication which caused d	le disease,	A CONSEQUENCE OF:	
	ANTECEDENT CAUSES	(B)		
	DISEASES OR CONDITIONS, if an rise to the abave cause (A) s UNDERLYING CONDITION last.	y, giving DUE TO, OR AS taling the	A CONSEQUENCE OF:	***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE	RIBUTING TERMINAL		00000000000000000000000000000000000000
RTIFIC	DISEASE OR CONDITION GIVEN IN PART 1 19A-DATE OF OPERATION 19B. CONDI- WAS PERFO	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomine)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of elc.)	n ar obout 21 C. WHERE DID (if in Baltim fice bldg., INJURY OCCUR?	ore City, give exoct location)
MEDI	21 D. TIME (Month) (Doy) (Year) (OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED While A1 Not While Work A1 Work		
	22. I certify that (1) (this hospital) o	attended the deceased from	1961 19 ta_	197/
	that (1) (we) last saw the deceased	allve on	19 // and that In(my) (out) or	alnion death occurred on the da
	and hour and from the causes stated	l above. (I) (W e) (did) (dld not) v	lew the bady after death.	
	23A. SIGNATURE	Atte:	Med. Staff Director Phys.	23 B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	
24 A	BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (6	City, town, or county) (Stole)
F	Burial 12-27-	7/ Balto., Natio		Md.
43P		B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS 2/6/
0	197 TUTE WAR AS IN	Ben M.D.	Lewis H. Boardley 60	3 Wash St. Ca

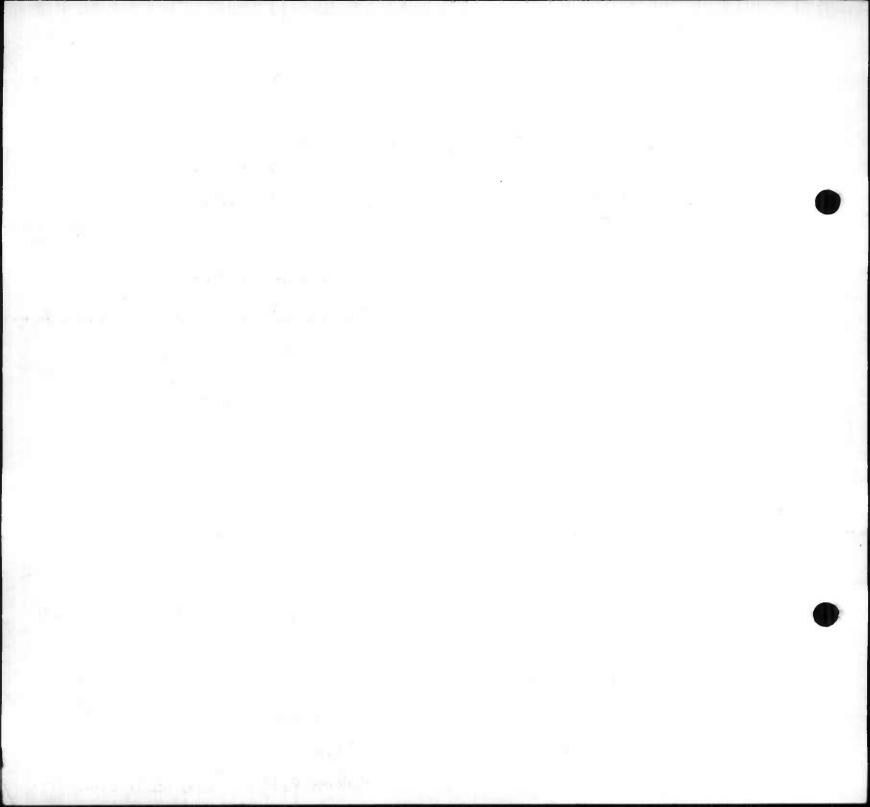


IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT	
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO.	74 11881
1. NAME OF DECEASED HOWARD NINA M. 2. DATE AND HOUR OF DEATH	2 24077
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If ins	18:30 A.M.
A. STATE B. COUNTY	titution: lesidence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSID	DE CITY LIMITS?
MONTEREllo STATE HOSPITAL BALTINIONEE	YES NO
22 N. EllAMONTS	Ti
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday).	Il Under I Yi. If Under 24 Hrs. Manths: Days Hours: Min.
TEMALE NEGRO WIDOWED DIVORCED 2-10-25 46	
done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	United STATES
I MOTHER'S MAIDEN NAME	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	ADDRESS
18. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dving an (A) IMMEDIATE CAUSE (ACCINOMA A) CIX C	
heart failure, asthenia, etc. Il means the disease, injury ar complication which caused death.)	lasy 3 /40
ANTECEDENT CAUSES and to Notroperitomeurs and pelos.	Lyrs.
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	*********
UNDERLYING CONDITION last. (C)	
z	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
U 194 DATE OF ORDATION NO.	NDINGS CONSIDERED SES OF DEATH?
218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID If in Boltimore	City, give exact (acotion)
DEATH (notify medical examiner) horis (etc.)	
OF INJURY (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED NOW 21F. HOW DID INJURY OCCUR?	
Mark Work Mork Mork	
22. I certify that (1) (this haspital) attended the deceased from Nov. 23 197/ to Dec	2/ 197/
that (I) (we) last sow the deceased alive an Doc 19 21 and that in (my) (our) opinion	an death occurred on the date
and hour ond fram the causes stated above, (1) (We) (dld) (dld nat) view the bady after death. 23A. SIGNATURE	
Attending Med. Stoff C	3B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type) Phys. Director Phys. 23D. ADDRESS	24.11
DEGREE Moteballo - State - Co	Lospile
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, REMOVAL (Specify) 12-24-71 M. Auburn Cem. 13-24-71	town, or county) (Stote)
25A. DATE REC'D BY HEALTH DERT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BALLEY	ADDRESS

VS 150-REV, 1/1/68 1/2, (4) 1348 Calhoun

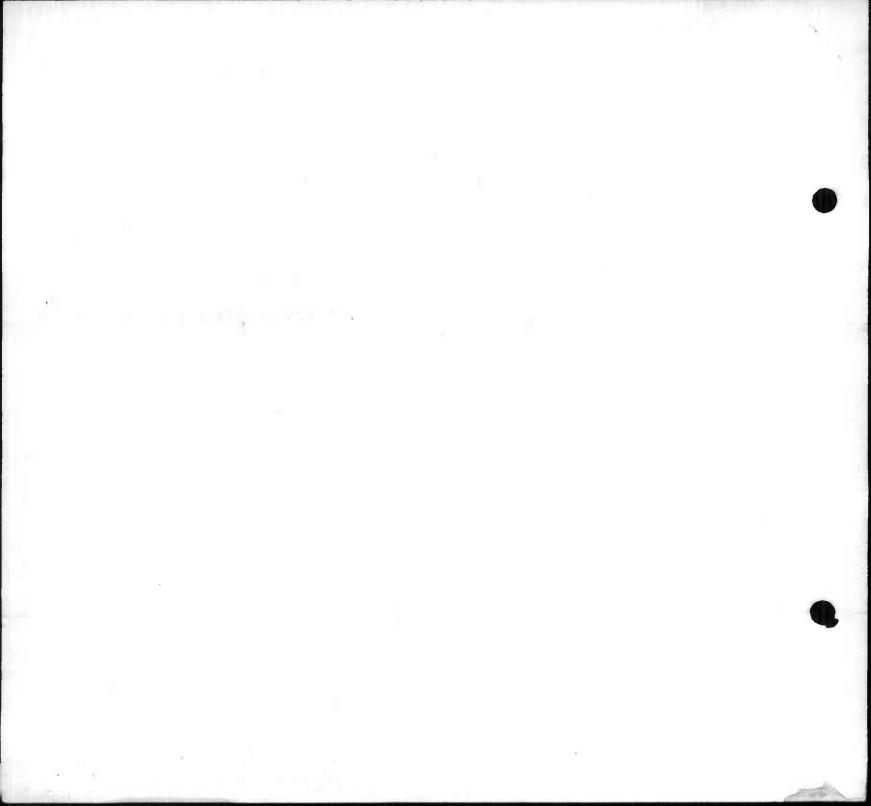


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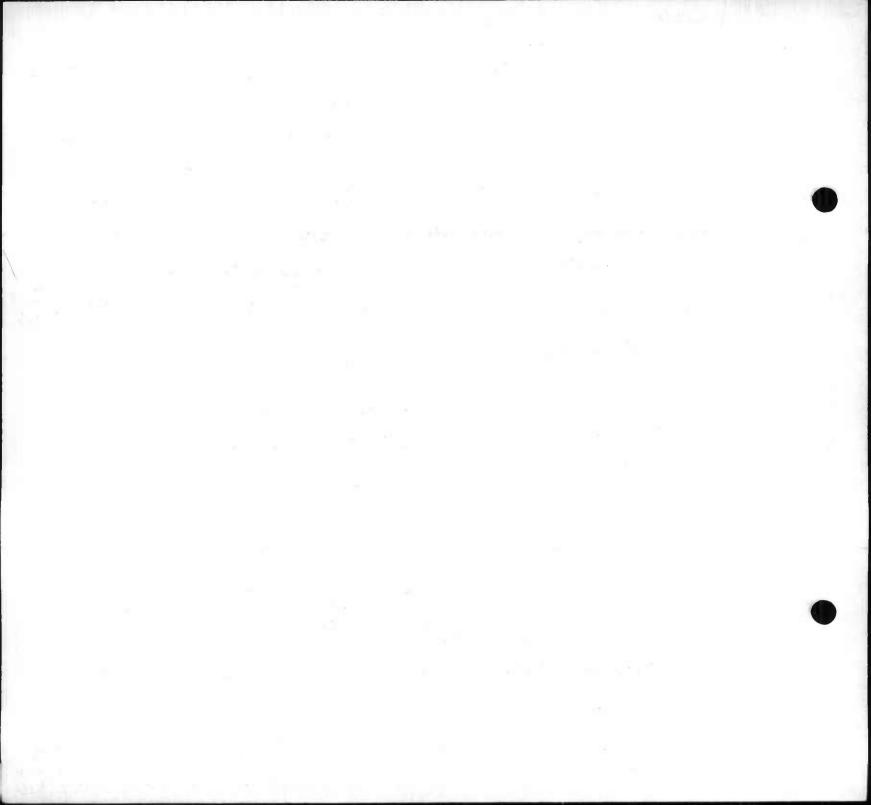
	1 RIP	J-623 71 11885 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 11885
	1, N (Ty	pe or Print) Thelma Werster 2. DATE AND HOUR OF DEATH DEC 21 1971 10:05 PM
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE-(Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	HC	LL NAME OF STATE OF LOCATION GIVE STREET C. CITY OF TOWN D. INSIDE CITY LIMITS?
7	1	Manyland. Cen. Hospital E. STREET AND NUMBER
	5. 5	EX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr. , II Under 24 Hrs.
	104	enale white WIDOWED DIVORCED 6/30/18 last birthday Months Doys Hours Min.
	don	HOUSEWIFE DWN HOME MARYLAND
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
		THOMAS VANSKIVER ELSIE DUVALL
	15. (Yes	Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS OURSON,
		NO ////// //// unknown Mr. Robert Vanskiver (Brother) Maryland
		CAUSE OF DEATH DI CHARLES CAUSE OF DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH British Representation of the control of the con
		(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
		injury or complication which caused death.)
		ANTECEDENT CAUSES
		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the
		UNDERLYING CONDITION last. (C) mysardial infanct
	HOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	CAT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].
	RT	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	CAL	21& PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	MEDI	21D. TIME (Month) (Doy) (Year) IHoud 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	<	[APPROX] While At Work At Work
		22. I certify that (I) (this hospital) attended the deceased fram
		that (I) (we) last saw the deceased alive on19and that In(my) (our) apinion death accurred on the date
		and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
		23A. SIGNATURE Attending Med. Shaff 23B. DATE SIGNED Director Phys.
		23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specily) 24C. NAME of CEMETERY OF CREMATOR DATE 24D. LOCATION DEC. 2 DEC 27 1971 BURIA 25B NAME OF REGISTRAR UNDER E. Jackey M.D. CEMERERY MARYLAND BURNIE, MD. BAL 25A, DATE REC'D GLEN VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C	63671 11886	. 26	BALTIMORE CITY	HEALTH DEPARTMENT	7 . 7	1 11886		
BH	TH NO.	ARLIEE	CERTIFICA	TE OF DEATH	REG. NO.	2 22000		
1.1 (Ty	Pe or Print JENNINGS	CARTE	2		AND HOUR OF DEATH			
11-	PLACE IN BALTIMORE, MARYLAND, W		•	1 4	7 6	nstitutiom residence before admission)		
				A. STATE B. CO	UNTY	The state of the s		
HI	LL NAME OF (IF NDT IN HOSPIT ADDRESS OR LDC.	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?		
100	univ.			SEVERNA	PARK	YES NO		
-	38 Hosp.			E. STREET AND NUMBER	_			
5.	SEX 6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hes		
	MALE CAUC.	WIDOWED		6/3/11	last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.		
dor	USUAL OCCUPATION (Give kind of worle during most of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	areign country)	12. CITIZEN OF WHAT COUNTRY?		
	RETAIL GROCER	Fo	DD SALES	N.C.		us		
13.	FATHER'S NAME TOHN CARTER		-	14. MOTHER'S MAIDEN N				
	301111			ANNIE	MCCUMBER	2_		
15. (Ye	Was Deceased Ever in U.S. Armed For s, na or unknown) (If yes, give war ar date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		143 BOONE ITAIL		
L	No -			Mildred J.	Carler	Severna Park, Med.		
	18.25091		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DI	RECTLY		SE UREMIA				
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,					**************************************			
	injury ar camplication which caused	injury ar camplication which caused death.)						
	ANTECEDENT CAUSES (B) GLOMGRULAR SCLGROSIS (PROB.) DISEASES OR CONDITIONS, if any, giving DUE TD, OR AS A CONSEQUENCE OF:							
	rise to the above cause (A)	slaling the		BENES MEH				
	UNDERLYING CONDITION last.		(c)	robies meh	<u> </u>	***************************************		
ATION	OTHER SIGNIFICANT CONDITIONS CO							
CATI	TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR	T 1 (A).	***************************************					
CERTIFIC	19A. DATE OF OPERATION 19B. CON WAS PER	ORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
1	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(Il In Boltima	re City, give exact lacation)		
₹ S	DEATH (notify medical examine)	etc.)		fice bldg., INJURY OCCUR?				
MEDI	21D. TIME (Manth) (Dayl (Year) OF INJURY		INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?			
2	(APPROX.I	Whi Wor	le At Not While	· 🗆				
	22. I certify that (I) (this hospital		e deceased from	12/17		12/21 19 7/		
	that (1) (we) last saw the decease		1420			inian death accurred on the date		
	and have and from the causes stat 23A. SIGNATURE	ed abave. (1)	(We) (did nat) v	lew the bady after deat	h			
		MUDON	gal nD Atte	nding 🦳 Med. 🦳	Shaff 17	23B DATE SIGNED		
			DEGREE Phys	Director L	Phys.	17411		
	23C. PHYSICIAN'S NAME (Type)							
24/	BURIAL CREMATION, 248. DATE	24C. NA	DEGREE OF CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)		
)	REMOVAL (Specily) Buria / Dec. 23.	197 61	en Hanen	Can Tana	lan R	AD Mal		
254	DATE REC'D BY HEALTH DEPT.	25B NAME O		25C. FUNERAL DIRECTO	OR	ADDRESS		
	DEC 27 1971	Hobert !	E. Jaben M.D.	Robert SiBa	France Funer	al Home Severna Perk.		
VS	150-REV. 1/1/68		-	U U		nid,		



approved by the chief medical examiner or his assistant if death occurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause af death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased deceased prior ta death. attendance contributing was D.C.A. at a hospital (except where the physician who pronounced death was in regular deceased prior ta death); and (6) Na physician was in regular attendance on the deceased prwritten appraval must be obtained before the remains are embalmed or final dispasition is made. Also, if the direct or IMPORTANT FUNERAL DIRECTOR: the body was released to the hospital by a medical examiner. This certificate must be

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11	AND THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IN COLUM			1000						
	-652	71 11887	1		HEALTH DEPARTMENT	REG. NO.	71	110	0.	
В	IRTH NO.	AT TTGO		TE OF DEATH	REG. NO.		110	<u> </u>		
	NAME OF DECE		TOTO A ATTECT		ND HOUR OF DEA					
٦L			FRANKI			Dec. 20, 19			7:30	
11.	. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ne deceased lived. I	institution:	residenc	e before o	dmission)
	ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Pa.			V	3	5
Hi	ULL NAME OF OSPITAL OR NSTITUTION				C. CITY OR TOWN	D. 11	NSIDE CITY	LIMITS?		
		Health Serv		spitar	Luzerne		YES]	NO 🗌	
-	3100) Wyman Parkw	ay		E. STREET AND NUMBER	11 01				
5	SEX	6. RACE	12		403 Benne					
				NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manth:	er 1 Yr.	Hours	Min.
	M	Caucasian	WIDOWED		12/2/04	67				
d	one during most at w	orking life, even if retired)	1		11. BIRTHPLACE (Stote or fore	eign countryl	12. CI	TIZEN O	WHAT C	OUNTRY
	Reti	ired	Roof	er	Pa.				USA	
1	FATHER'S NAN	\E			14. MOTHER'S MAIDEN NA	ME				
	I	Robert Frankl	in		Anna Stile	S				
15	. Was Deceased	Ever in U.S. Armed For (If yes, give wor ar dote	ces?	1 6. SOCIAL	17. INFORMANT			ADDR	ESS	
	Yes		1943	189-03-4412	Recoards= US P	HS Hospital	l, Bal	to, 1	Ad.	
	18.486	0X142	05.	CAUSE OF DEATH	1				ONSET A	
		OR CONDITION DIS	RECTLY		Dilateral					
	This does no	t mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	se Bilateral p	neumonia		5 d	ays	
$\ $	heart tailure, c	isthenia, etc. It means	the disease.	DOE 10, OR AS /	A CONSEQUENCE OF:					
		NTECEDENT CAUSES	40011133							
		CONDITIONS, if	an ainin	(B)	A CONSEQUENCE OF:			ļ		
	rise la the	above cause (A)	staling the	200,017	A GOINTEGUENCE OF:			1		
	UNDERLYING	CONDITION last.		(c)		******************				
1	OTHER CLOSURE	11	ITD (a) I'm I a	Acute mye	locytic leukemi	9		5 111	eeks	
OF.	TO THE DEATH	ANT CONDITIONS CON	IE TERMINAL		Tool ore reducing	C.		"	CCIED	
2	19A. DATE OF	NDITION GIVEN IN PART	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B IF YES WER	F FINDING	CONS	DERED	
CEPTIEICATI	0	WAS PERF	ORMED		no	IN CERTIFYING	AUSES OF	DEATH	DERED	
11	OR CONTRIBUTE	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(II In Boltin	ore City, gt	ve exact	locotion)	
NA C	DEATH Inalify	nedical exominer	etc.	е, копп, кастогу, внеец, ан	ice bldg., INJURY OCCUR?					
MEDI		Manthi (Doyl (Year)	(Haud) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
\$	OF INJURY IAPPROXI			le At Not While						
	22 0004160.4	has 11 /shia harasi	Wo		Var. 12	- 71	Doo	20		
						19 71 to	Dec.		19	
		ost saw the decease			1971and th	at in (my) (our) o	pinion dec	th occ	rred on	the date
11	23A. SIGNATUR		ed abave. (I	v (tòn/bib) (bib) (eW) (ew the bady after death.					
	237.310147104	(2)	1 1	A	nding [7] Med. [7]	Staff Fran	238, DA	TE SIGN		
	22C BUYELES	Edward U	. Hick	DEGREE Phys	Director L.	Shaff Phys.		12/2	21/71	
	23 C. PHYSICIAN NAME (Typ	e)	/ /		3D. ADDRESS	ital Dali	372			
		A. Sickles,		DEGREE	US PHS Hosp	ra, Barto	o, Ma.			
24	REMOVAL (Sp	ATION, 248. DATE	24C.N/	ME of CEMETERY of CHE	24D. L	OCATION (City, town,	or county)	(Stote)

MAYRATOWN

100324

EMPHERY Sh

m. Cook Brocks

RENE

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Towsen

ADDRESS

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BURIAL 12-23-71 25A. DATE REC'D BY HEALTH DEPT. 2

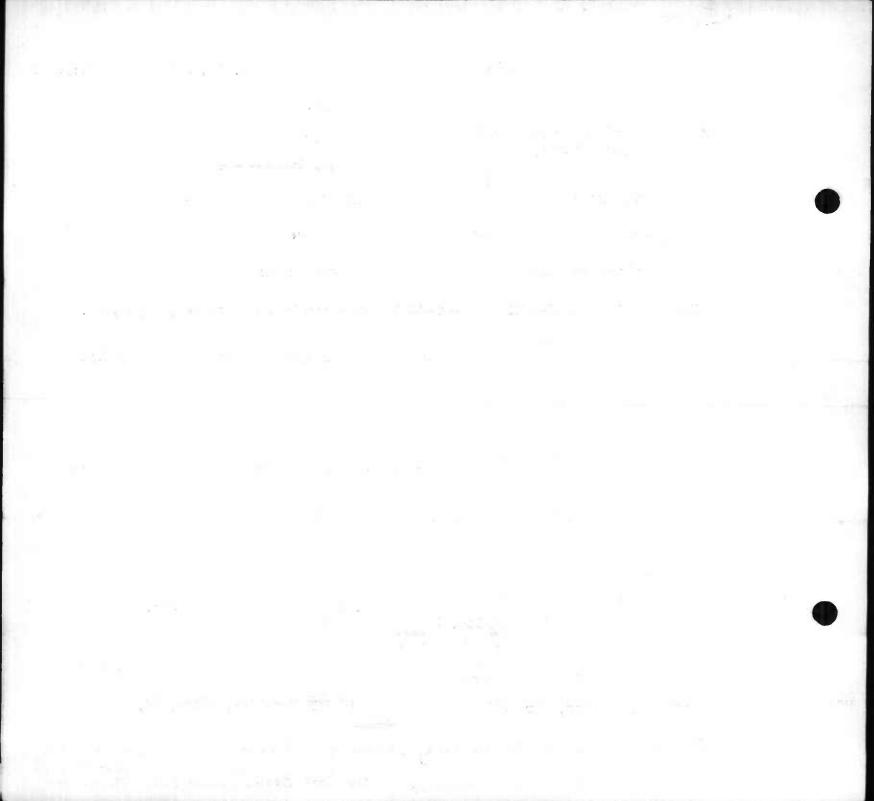
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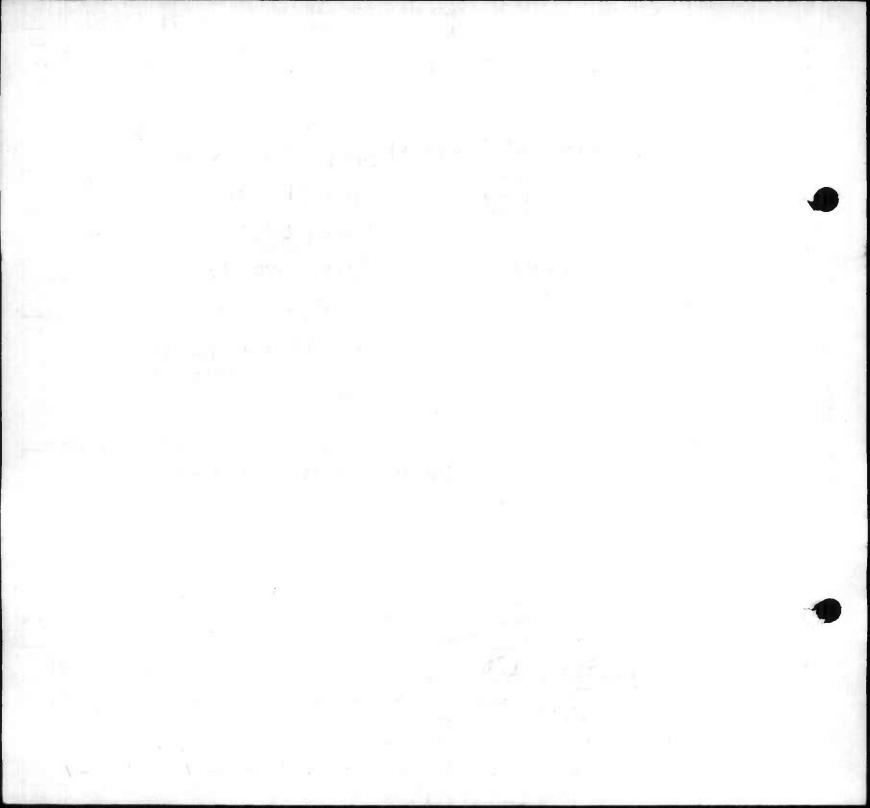
258 NAME OF REGISTRAR

Pobe & E. Jaken

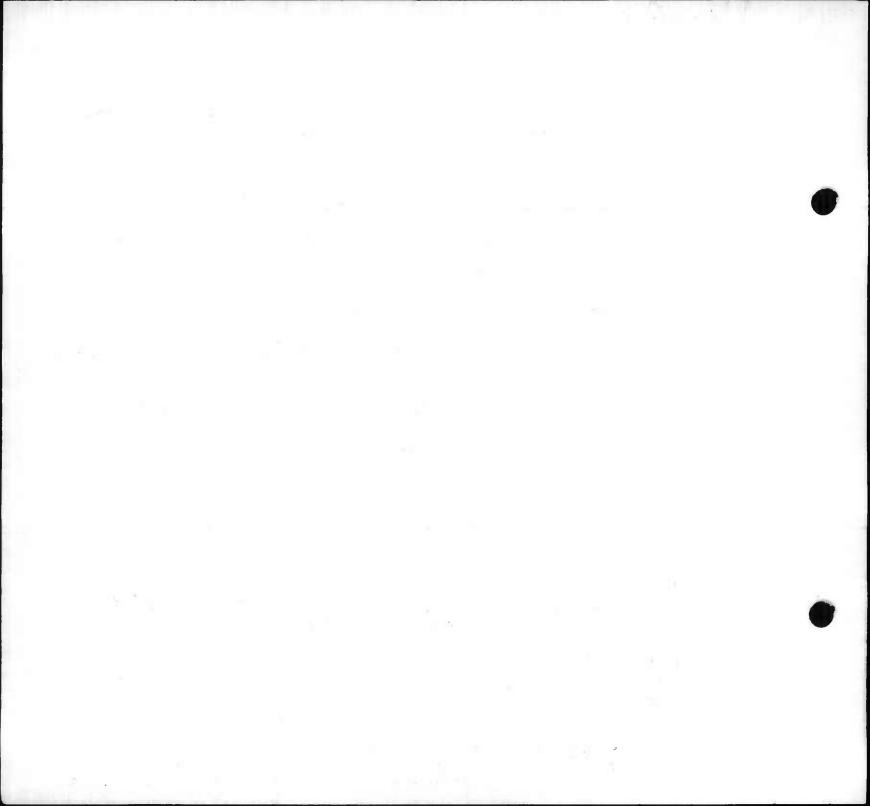


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	T (1/1) BA	LTIMORE CITY	HEALTH DEPARTMENT	and make	14.600
2	L640 71 11888 CE	RTIFICA	TE OF DEATH	X REG. NO. 71.	11888
	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	- 13
(1)	po or Print) CATHOCINE A. FAR	ley		20,1971	1 4 24 PM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	AD	4. USUAL RESIDENCE (When	e deceased lived. Il institution	residence before admission)
FU	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI OSPITAL OR ADDRESS OR LOCATION)	/E STREET	C. CITY OR TOWN	D. INSIDE CITY	
	NION MEMORIAL HOS	(BTig	E. STREET AND NUMBER 5134 Tell		NOL
5.	SEX 6. RACE 7. MARRIED NEVER	MARRIED 🗍	8. DATE OF BIRTH	9. AGE (In years I If Ur	der 1 Yr. If Under 24 Hrs.
	1 11 1	OVORCED	07-11-91	lost birthdoy) Month	ber 1 76. If Under 24 Hrs.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE State or forei	gn country) 12. C	ITIZEN OF WHAT COUNTRY?
do	no during most of working life, even if selfred) Nome M_ker		NAPYIDA	D	USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
	BEINDRD Kelly		ENMY DAMS	OLAN	
15,	Was Deceased Ever in U. S. Armed Forces? 16. SOCI.		17. INFORMANT		ADDRESS
	NO 3100 0100 0100 0100 0100 0100 0100 010	RITY NO.	MRS. FloreNo	e W:11-51	34 Terrace DA
	18. 4/0 9 1 CA	JSE OF DEATH		7.171	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		101	1.10 -0 -1 -1	DETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	IMMEDIATE CAU		MOCARDIA	
	heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	A CONSEQUENCE OF:	infarct.	
	Injury or complication which caused death.) ANTECEDENT CAUSES	AC C	0 11	•	İ
	(8)	DUE ID. OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) stating the	500 107 011 10	N de little cit		
	UNDERLYING CONDITION last, (C				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	veno	17/26ic	PANCIRATIT	8
i i	19A-DATE OF OPERATION 19A CONDITION FOR WHICH OF	ERATION	20A. AUTOPSY? (Yes or No	N CERTIFYING CAUSES O	GS CONSIDERED
CERTIFIC	O WAS PERFORMED			IN CERIFIING CAUSES O	r DEATH!
ĮĄ.	OR CONTRIBUTING CAUSE OF home, farm, felc.)	FINJURY (e.g., in ictory, street, off	n or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltlmore City,	give exact location)
MED	21D-TIME (Month) (Day) (Year) (Hour) 21& INJURY (CCURRED	21F. HOW DID INJ	URY OCCUR?	- 1-
	(APPRDX) While At	Not While	12	PH	1 DEPM
	22. I certify that (i) (this hospital) attended the decea	sed fram	2-20-71	191012-20	0-71 19
	that (1) (we) last saw the deceased alive an 12	1-02		at in (my) (aur) apinion d	eath accurred an the date
.	and bour and from the causes stated above. (i) (We) (d				
	23A. SIGNATURE			23B, D	ATE SIGNED
	CH Summos	DEGREE Phys.	nding Med.	Staff Phys.	17-20-71
	23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		
24	JAIRO RAMITEZ	W	UNION MI	ONOTAL +	105 DI 731
24		METERY of CRE	MATORY 24D. L	OCATION (City, town	or county) (Stote)
		od (emet	eru.	Baltimore, Mary	land
25	A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGIST		25C. FUNERAL DIRECTOR		ADDRESS
L	DEC 27 1971 Pole E. Jan	ey M.D.	John (. Mille	er Inc-6415 Beli	ur Rod-21206
VS	150-REV. 1/1/68			,	



N	-120			BALTIMORE CITY	HEALTH DEPARTMENT	9	24 43 0
BIRT	H NO.	71 11889		CERTIFICA	TE OF DEATH	REG. NO.	/1 11800
1, NA	AME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH	71-11884
	or Print)		s Novak			21, 1971	1 10:A
3. PI	ACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceosed lived. Il in	nstitution: residence before odmission)
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland , 21	212	10 5300
INST	ITUTION	525 Hardwo		nie	C. CITY OR TOWN Baltimore	D. INS	IDE CITY LIMITS?
	00	Baltimore			E. STREET AND NUMBER		YES X NO
					525 Hardwood	Avenue	
5. SE	X	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 7	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
	emale	Caucasian	WIDOWED	DIVORCED	Jan. 30, 1907	last birthday)	Months Doys Hours Min.
done	USUAL OCCU	PATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country!	12. CITIZEN OF WHAT COUNTRY?
	Clerk	rotking the, even a realise,	Sto	e	Maryland		USA
13. F	ATHER'S NAA				14. MOTHER'S MAIDEN NA	ME	
		Valentine	Czerwin	nski	Anastasia ?		
15. W (Yes, r	os Deceased	Ever in U. S. Armed Fore	ces?	1 6- SOCIAL SECURITY NO.	17. INFORMANT	60 E. 12th	S+ ADDRESS
	No			JECOMII NO.	George W. Nova		
1	8. 4/10	,91		CAUSE OF DEATI	1 ,		APPROXIMATE INTERVAL
		E OR CONDITION DIR	ECTLY	MYOCH	redial INF	raction	BETWEEN ONSET AND DEATH
١ ر		LEADING TO DEATH	dvina ea	(A)IMMEDIATE CAU	SE	7/1-11-11	3 mos-
	rearl failure,	asthenia, etc. It means plicalian which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
ΙΙ.		NTECEDENT CAUSES	geam,	ARTORIO	a lante Pro	dia line nu	IAR DISCARE
[R CONDITIONS, if	inu divina	(a) DUE TO OR AS	A CONSEQUENCE OF:	10-0132Ca	1171 DISEASE
n	se la lhe	above cause (A)	slaling the	// /	11056/120515	_	
	MDEKLING	CONDITION last,		(c)(11012 14/1031 >		
20	THER SIGNIFI	II CANT CONDITIONS CON	TRIBUTING				
ATI	O THE DEATH ISEASE OR CO	BUT NOT RELATED TO THE NOTION OF THE PART	E TERMINAL	***************************************	****************		
CERTIFICATION	A-DATE OF	OPERATION 198 CONT	NITION FOR V	HICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES, WERE I	FINDINGS CONSIDERED
12 2	A. ACCIDEN	T WAS IINDERLYING	1018	D			
10	R CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	ham- etc.)	PLACE OF INJURY (e.g., In B., farm, factory, street, oil	or obout 21C. WHERE DID	(II In Boltimare	City, give exoct locotion)
9		(Manth) (Day) (Year)		In little and a second			
WE	F INJURY	tridinin (Day) (180)		INJURY OCCURRED e At Not While	21F. HOW DID INJ	URY OCCUR?	
			War	At Work			12/2:01
22	2. I certify t	hat (I) (t his hospitul)	attended th	e deceosed from	9/10	19to	109 01 19 /
		ost sow the deceased		12-0		at in (my) (our) opir	ion death accurred on the date
22	A. SIGNATUS	fram the couses state	d above. (I)	(We) (did) (did not) vi	ew the bady ofter deoth.		
	With	my F/M	4130	7 Atten	ding Med.	Sauff I	23B, DATE SIGNED
23	C. PHYSICHAD	7 / 000	7	DEGREE Phys.	Director L	Staff Phys.	12/22/11.
	NAME OF	pel	00		3D. ADDRESS		
24A. 1	URIAL CREA	Dr. Anthony	F. Car	rozza DEGREE ME of CEMETERY OF CRE	5217 York Ro	oad Balto. M	
i	Burial CREM REMOVAL (Sp Buria)						y, town, or county! (Stole)
2SA. I		-/-//	1 Dula	ney Valley Mer	norial Gardens (cockeysville	, Maryland
		EC 97 1078	Robert !		Seitz Funeral	Homo FOOO	DELTZ ADDRESS
VS 150	0-REV. 1/1/6	E 6 6 13/1	160e B (- Valor 70	Toroz runeral	поше 2209	York Rd.Balto.



Such

prior

attendance on the death.

V-000	BALTIMORE CITY	HEALTH DEPARTMENT	100.0	14 00
вити No. 71 11890	CERTIFICA	TE OF DEATH	REG. NO.	11890
1. NAME OF DECEASED (Type of Print) RIEHA, EDWARD LE	_	DECE	MBER 19, 1	AA AA
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE IWhe	re deceased lived. If ins	titution; residence before admission)
FULL NAME OF OF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION		MARY LAND	BAXXXXX	EXXEDITATION S
i .		BALTIMORE	D. HASIL	YES NO KX
ST. AGNES HOSPITAL		E. STREET AND NUMBER 1025 WICKLOW ROAD		
40		60xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	EXIONE EXION	HEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MALE CAUCASTAN WIDOWED		8. DATE OF BIRTH 09/17/83	9. AGE (In years lost birthdoy) 88	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF I		11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY
dong drise med of worth the ER even if refired) ENGIN	EERING	WISCONSIN		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
JOHN RIEHA		MARY (GRUB	ER)	
15. Was Deceased Ever in U. S. Anned Forces?	6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	350-05-619		RECORDS B	AND THE RESERVE OF THE PERSON
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAU	0 : 1 = - 0	inal Hern Burvel.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	21/1/1	- al brasal	Pneumonile	á
DISEASES OR CONDITIONS, if any, giving	(B) CALCALO	A CONSEQUENCE OF:	rearitaria	
rise to the above cause (A) stating the	Hickory	100028		
UNDERLYING CONDITION last,	(c)	i ce procesma		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	******************************		100 fritis	
19A-DATE OF OPERATION 19B CONDITION FOR WEWAS PERFORMED	ICH OPERATION	YES	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 218. Pi home, elc.)	ACE OF INJURY (e.g., in form, factory, street, offi	or about 21C, WHERE DID ce bidg, INJURY OCCUR?	(If In Boltimare	City, give exact location)
S OF INJURY	NJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
(APPROX.)	At Work	<u> </u>		1101-1
22. I certify that (X) (this hospital) attended the	desegred from	2/19/71	91012	/19/71
that (X(we) last sow the deceased alive on	14/19//1	19ond the	t In (our) opini	on death occurred an the date

Attending Phys.

23D. ADDRESS

xaminer or his assistant if death occurred in a hospital and caminer. Also, if the direct or contributing cause of death A fracture of any kind; (4) Undetermined cause; (5) Deceased written approval must be obtained before the remains are embalmed or final disposition is made was in regular deceased approved by the chief medical examiner or his assistant if death FUNERAL DIRECTOR: IMPORTANT death deceased prior to death); and (6) No physician was in regular attendance on (except where the physician who pronounced examiner. the body was released to the hospital by a medical ex shows: (1) An accident of any nature; (2) Body burns; (3) was D.O.A. at a hospital certificate must be

23C. PHYSICIAN'S NAME (Type) TARIZ MAHMOOD MD.

23A. SIGNATUR

AGNES

DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY New Cathedral Cemetery

| New Cathedral Cemetery | 25C. F | Hor Buria1 12-22-71

and have and from the causes stated above. XIX(We) (dld) (XIX XXX) view the body after death.

Baltimore, Maryland

25C. FUNERAL DIRECTOR

Shaff Phys

VS 150-REV, 1/1/68

Med. Director

Howard H. Hubbard, 4107 Wilkens Ave. 21229

23 B. DATE SIGNED

(City, town, or county)

19.7

ADDRESS

(Stote)

TESTER TO

3314 JF. TIV 200239 12249 JR. 10149 -455

F TOTAL TOTAL

San Barati Wasan

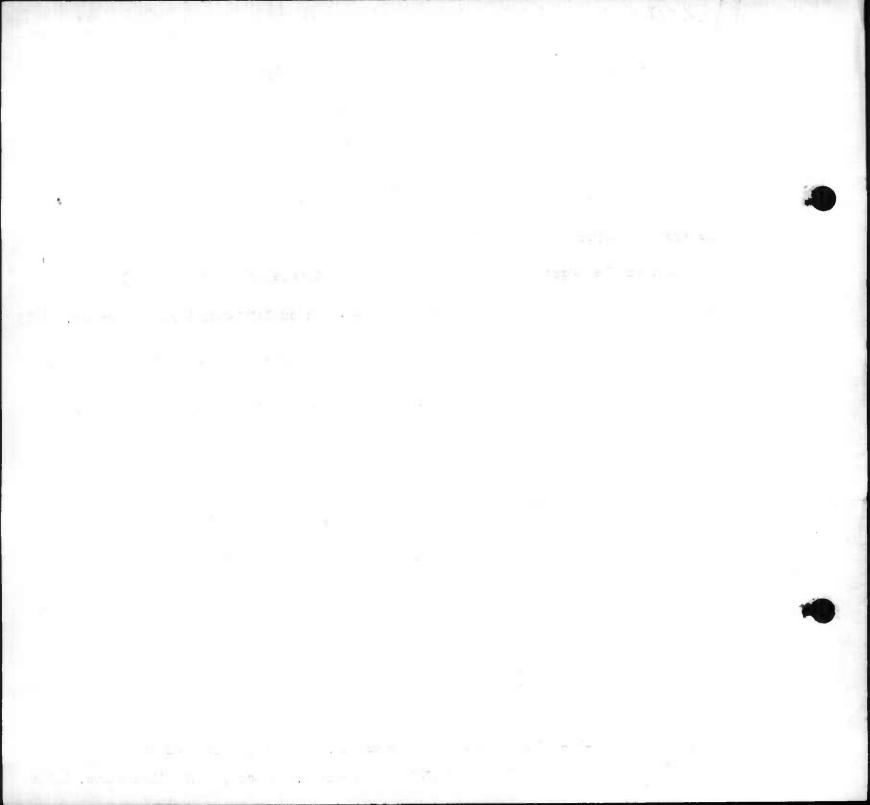
TERMINATE OF COLUMN TO SERVICE AND ADMINISTRATION OF THE PROPERTY OF THE PROPE

IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. occurred in a hospital oved by the chief medical examiner or his assistant if death This cortificate must be ap

V\$ 150-REV. 1/1/68

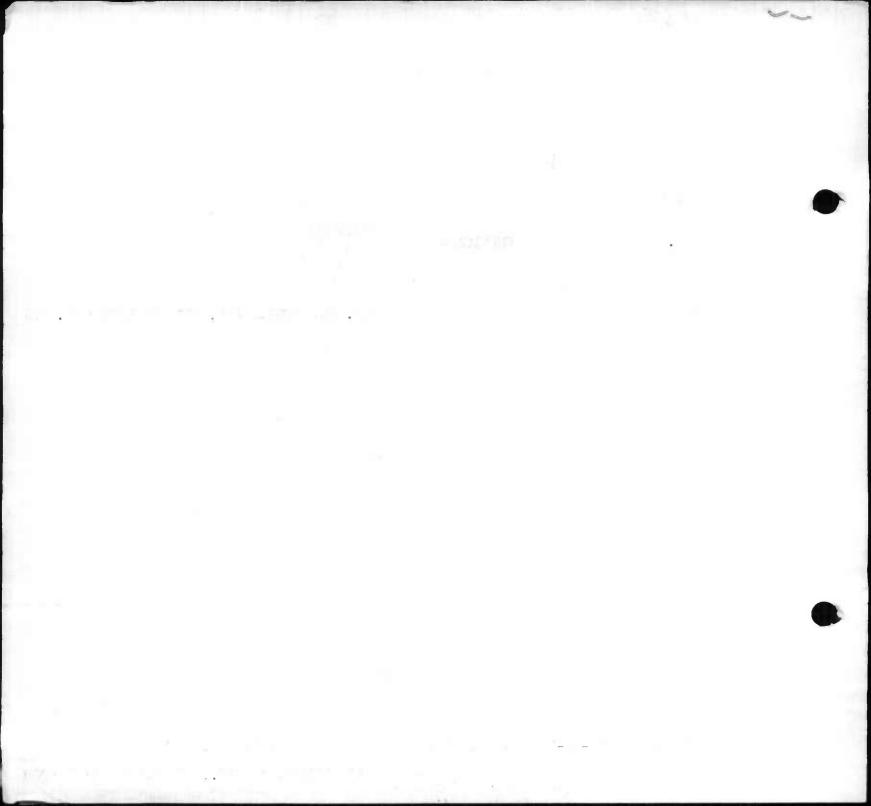
	l-63071 11891	BALTI	MORE CITY	HEALTH DEPARTMENT	7.	1 11001		
ľ	BIRTH NO.	TIFICA	TE OF DEATH	REG. NO.	1 11891			
	1. NAME OF DECEASED R. (Type or Print)	1 1-		2. DATE	AND HOUR OF DEATH			
	3. PLACE IN BALLMORE MARYLAND, WHERE	herT		De	C 20, 1971 There deceased lived. II in	5:45 AM.		
				A. STATE B. CO	UNITY	stitution: residence before admission		
- []	FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATIONI INSTITUTION	INSTITUTION, GIVE	STREET	C. CITY OR TOWN	10.1010	2000		
ااع		1		Baltimore		YES P NO NO		
	Bon Secours Hospita	1		E. STREET AND NUMBER		100		
					Waney St.			
	VV I IIII'I	RRIED NEVER M	KKIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.		
-	10A. USUAL OCCUPATION (Give kind of work 10B. Ki		ORCED	8-24-85	lost birthdoyl 86			
	done during most of working life, even if refired)	MD 01 2031/1233 01	N IND USINI	0	oleign country!	12. CITIZEN OF WHAT COUNTRY?		
	Retired () Butcher			Germany 14. MOTHER'S MAIDEN N		U.S.A		
╢	Richard Reichert							
	5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL		Connieg	gonda (Unki	nown)		
	Yes, no or unknown) (If yes, give wor or dotes of se	SECURITY	NO.			ADDRESS		
F	18. (// 2)	216-01	- ')/'/7 OF DEATH	Mrs. Esther F	Reichert, 2657	7 Dulaney St. 21223		
	DISEASE OR CONDITION DIRECTLY		OI DEATH			BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	4.01040	LEDIATE CAUS	E Congestive	Heart Faily	ne weeks		
\parallel	(This does not meon the mode of dying, heart failure, asthenia, etc. It means the di	seose.		CONSEQUENCE OF:	io	indicate and a second of the attention of the second		
	injury or complication which caused death. ANTECEDENT CAUSES)	12. L.	0 +·	40.			
		(B)	LALLA !	rockerotte H	1. Distast	years		
	DISEASES OR CONDITIONS, if any, giving isse to the obove couse IA) stoling the							
	UNDERLYING CONDITION lost.	(c)			***********************			
	O OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING						
	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	linal			***************************************			
	19A. DATE OF OPERATION 19E CONDITION WAS PERFORME	FOR WHICH OPERA	TION	20A. AUTOPSY? (Yes or	No. 20B IF YES WERE F	INDINGS CONSIDERED USES OF DEATH?		
	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Local Contribution on Contributing CAUSE OF Local Contribution on Contributing CAUSE OF Local Contribution on Contributing CAUSE OF Local Contribution on Contributing CAUSE OF Local Contribution on							
	21D-TIME (Month) (Dov) (Year Hound 21E INJURY OCCUPYED) 21E HOW OLD INJURY OCCUPY							
	SIAPROXI A//A While Ar AMA, While A//A							
	22. Legality shee (1) (Abis baselest) essential assential							
	that (i) (we) last saw the deceased alive an 12-20 19 7/ and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above. (i) (We) (did) (did not) view the body after death.							
	23A, SIGNATURE 23B, DATE SIGNED							
	Attending Med. Staff 22-20. 71							
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS							
	4A. BURIAL CREMATION, 24B. DATE	LOPEZ	DEGREE	Bon Sici	ours 1503	pital		
	REMOVAL (Specify)	24C. NAME of CEMET				y, lown, or county) (State)		
1 2	Burial 12-23-1971	Most Holy	Redeeme		altimore, Mar			
	DEC 27 1971 328	es E. Jaber	KD.	Howard H. Hu	Title	Vilkens Ave. 21229		



VS 150-REV. 1/1/68

8	S-632 BALTIMORE CITY	Y HEALTH DEPARTMENT
and ath sed the uch	BIRTH NO. 71 11892 CERTIFICA	TE OF DEATH REG. No.71. 11892
deat deat ease n th Suc	I. NAME OF DECEASED (Type or Pant)	2. DATE AND HOUR OF DEATH
0 0 -	SWARTY MICTON DAVID 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
200	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY Boeto 2714
	HOSPITAL OR ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
E 3	north Charles Sucral Jap.	E. STREET AND NUMBER,
0		4401 Roland avenue
h occurred contributi fermined regular ceased pr	5. SEX ALE 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yours II Under 1 Yr. II Under 24 Hrs. Months; Doys Hours Min.
E O TO E	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	BALTIMORE
deat t or Undeas in as in e de	MFG. CHEMICALS	Mary Land U.SA.
# 5 € × + sq si	MANO SWARTZ	DEN4 SAKS
he di kind; death ce on	15. Was Deceosed Ever in U. S. Armod Forces? (Yes, no or unknown) (III yes, give wer or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
N +	NO	MRS. DENA KATZENBERG, 3316 FALLSTAFF RD. #15
S and o	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
. = 0 2 = 0	LEADING TO DEATH	yocartial befaction Court
miner or niner. A fracture to prono gular a	(This does not moon the made at dying, e.g., heart laiture, asthonia, etc. It means the disease, injury ar camplication which coused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES - Orter	ischertie Heart liner
exa exan 3) A wh n re	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
w	UNDERLYING CONDITION last (C)	
medical burns; hysicia n was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE THE THE THE THE THE THE THE THE THE	hallote Pulmana to he al.
# = > d 6		20A. AUTOPSY? (Yos or No!) 20B. IF YES, WERE FINDINGS CONSIDERED
chief by a n Body the F hysicic	WAS PERFORMED	20 A. AUTOPSY? (Yos or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
4 2 5 0 5	OR CONTRIBUTING CAUSE OF home, form, loctory, sheet, at OEATH (notily modical examiner)	n or obout 21 C. WHERE DID (If In Boltimoro City, give exoct location) (if in Boltimoro City, give exoct location)
Sp CS	OF INJURY (Month) (Doyl (Your Hour) 21E INJURY OCCURRED (APPROX.) Not While At Not While	21F. HOW DID INJURY OCCUR?
00.02	Work At Work	
approtection to the contract of the contract o	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on 2	19 7 and that In (my) (aur) apinion death occurred on the date
sed to sed to ant of spital eath) ust be	and hour and fram the causes stated above. (1) (We) (dld) (dld not) v	
SOPE	23A, SIGNATURE	23 R. DATE SIGNED
F 0 0 2 + 0	DEGREE Phys	nding Med. Shaff Director Phys 23D. ADDRESS
y was r (1) An a 3.A. at c od prior	KUFIND (T. MONTENEGRO	2724 moth Charles St. Balt hd.
# > C O B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
This certification the body shows: (1) was D.O., was the was deceased written a	BURIAL 12-19-71 HEBREW FRIENDSH	
This the backwas was decement	DEC 27 1971 P. Bert E. Jaiber M.D.	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

24D. LOCATION (City, town, or county) (Stotel HEBREW FRIENDSHIP BALTIMORE, MARYLAND SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD



ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. EXAMINER'S ASSOCIATE MEDICAL EXAMINER Russell S. Fisher, M.D. 12-20-71 NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) BALTIMORE, MARYLAND 12-21-71 HEBREW YOUNG MEN BURIAL 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD Sel E. Va VS 151-REV. 3/1/68

E884-E1-01

THE STEP WITH THE THE PROPERTY OF THE STATE

BURNAL MORETAN CONTROL BURN CONTROL OF TAKETHORN, NATURAL CO.

AGE LEVY BOY I THOSE MALE ICT STREET

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 71 11894 CERTIFICATE OF DEATH and Deceased Such deat I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH 20 (Type or Print) MULLIE UO. hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) COUSe FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 YES NO BALTIMORE prior JEWISH CONVALESCENT HOME E. STREET AND NUMBER contributing 3802 BARTWOOD ROAD etermined de regular S. SEX 6. RACE 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. B. DATE OF BIRTH 7. MARRIED NEVER MARRIED E deceased Hours tast birthday) FEMALE WHITE WIDOWED XX DIVORCED MARCH 1889 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition dane during most of working life, even if retired) Und **HOUSEWIFE** AT HOME RUSSIA USA WOS 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME 4 JOSEPH KALLINSKY ELIZABETH ? death T kind; 15. Was Deceased Eyer in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL 0 final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. ce NO 3802 BARTWOOD RD. HAROLD KATZ. 1B. CAUSE OF DEATH attenda 10 BETWEEN ONSET AND DEATH nounce DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. II means the disease, 6 ular Ď injury ar complication which caused death.) E ANTECEDENT CAUSES 0 0 10 are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving the abave cause (A) stoling the UNDERLYING CONDITION last. physician the remains MOS П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFIC 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes ar Na) 19 A. DATE OF OPERATION the WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF tNJURY (e.g., in ar about 21C. WHERE DID hame, farm, foctary, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact lacation) where OR CONTRIBUTING CAUSE OF hospital ů MEDICAL DEATH (natify medical examiner) obtained ! 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved (except While At Nat While (APPROX.) Work At Wark to the any 22. I certify that (1) (this haspital) attended the deceased from and that in (my) (our) apinion death occurred an the date that (I) (we) last saw the deceased alive an eath) and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATUR 23B, DATE SIGNED O Attending C 40 Director L Phys. approval 0 28C. PHYSICIAN'S 23D. ADDRESS prior 6000 AARK ŧ NAME ITypel An d 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, or county) ceased 0.0 the body REMOVAL (Specify) shows: BURIAL 12-21-71 SHAAREI ZION ROSEDALE, MARYLAND SD M 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DERT 25C. FUNERAL DIRECTOR ADDRESS de SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

ATREMS TWO IN THE DESIGNATION OF THE PERSON
(E-13 A. L.)

THE HANGED KATE, SHIE HARDWOOD HE EDIZES

FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital

VS 150-REV. 1/1/68

W = 5	BALTIMORE CITY	HEALTH DEPARTM	ENT		
K-50071 11895	CERTIFICA	TE OF DEA		AT T	1895
I. NAME OF DECEASED (Type of Paint) Kohn Jack 7	Γ.	2. 0	ATE AND HOUR OF	DEATH 50	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD		E IWhere deceased liv	0	esidence before odmission)
FULL NAME OF OF NOT IN HOSPITAL OR INSTITUTION	N. GIVE STREET	A. STATE B	COUNTY		2720
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		C. CITY OR TOWN		D. INSIDE CITY L	
to Il soital		E. STREET AND NU	MRER	YES	NO
Sinai Hospital		6606	Park H	eight.	SAVR.
SEX 6. RACE HITE MARRIED		B. DATE OF BIRTH	9. AGE (In yellost birthdoy)		Days Hours Min.
ALE WIDOWED WI	DIVORCED SINESS OR INDUSTRY		or foreign country)	68 12, CIT	ZEN OF WHAT COUNTRY?
ne during most of working life, even # retired)					
SALESMAN WHOL	ESALE	BALT I MORE	MARYLAND EN NAME		JSA
LOUIS COHEN		1.71	LLIAN BARR		
Was Deceased Ever in U. S. Armed Forces?	SOCIAL	17. INFORMANT	DEIAN DAKK		ADDRESS
es, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	MDC CVIVI	VOID CCO	DADY HOL	ITC AUG ADT T
NO 2	CAUSE OF DEAT		A KUHN, BOUG	PARK HGF	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1/2/2	ila Fibri	Makon	BETWEEN ONSEY AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU		110 1 gri	110/100	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:			
Injury or complication which caused death.) ANTECEDENT CAUSES	Arrite	14.			
DISEASES OR CONDITIONS, If any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF	1 /		
rise to the above cause (A) stating the	Cond	Oppinie	Shoek		
UNDERLYING CONDITION lost.	(c)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WHITE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	CH OPERATION	20A. AUTOPSYT (Y	or No. 208, IF YES	WERE FINDINGS	CONSIDERED DEATH?
21A ACCIDENT WAS HAD SHAND TO 1218 BLA	CE OF INITION	a chantist C WHERE	DID #51-	Bolilmore City, giv	ve event legation)
OR CONTRIBUTING TO CALLER OR THE	orm, factory, street, of	n or obout 21C. WHERE like bldg. INJURY OC	CNE	bounder City, go	ve exact locoston)
DEATH (notify medical examined) 2 10-TIME Month) Doy) (Year) (Hour) 21E IN. OF INJURY While A	URY OCCURRED	21F. HOW	DID INJURY OCCUR		
(APPROX.) While Work	Not While At Work				
22. I certify that (1) (this hospital) attended the	leceased from/	119/		12/9	19/
that (I) (we) lost sow the deceased alive on	12/20	19 7 /	ond that In (my) (oth occurred on the dote
ond hour and from the causes stated above. (1) (Y	(e) (did) (did not) v	lew the body after	death.		
23A. SIGNATURE	110		O	238, DA	TE SIGNED
Muy suy in	DEGREE Phy	nding Med. Directo	r Staff Phys.	1/2	120/11
23C, PHYSICIAN'S NAME (Type)		230. ADDRESS	i Hush	Fal	
4A. BURIAL CREMATION, 1248, DATE 124C. NAME	DEGREE of CEMETERY of CR	- /	24D. LOCATION	(City, town,	or county) (State)
REMOVAL (Specify)					
BURIAL 12-21-71 ANSH	IE EMUNAH REGISTRAR	25C. FUNERAL D	BALTIMORE	MAKILANI	ADDRESS
DEC 27 1971 Cas & C. Railes	A2 8			,6010 RE	ISTERSTOWN ROA

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CHI TECTAMA MONEALTH TREATMENT TO THE TOTAL

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IMPORTANT FUNERAL DIRECTOR:

of death Deceased death and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) approved by the chief medical examiner or his assistant if death certificate must be

			BALTIMORE CITY	HEALTH DEPARTMENT	les.	41 41
	5 - 525 71 118 BIRTH NO.		TE OF DEATH	REG. NO.	1 11895	
	I.NAME OF DECEASED			ND HOUR OF DEATH		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			12-21-71 1:40 A.M		
- [[4. USUAL RESIDENCE (WI	nere deceased lived. If ins	titution: residence before admission)
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			MARY LAND		2788 DE CITY LIMITS?
- []	D. H. 1/010 M 011			Baltimone		YES NO
	SINT HOSP. OF BALT., INC.			E. STREET AND NUMBER		
1	5. SEX 6. RACE BILLION IZ. ALABAMA ET ALL.				F. Ave. H	2/2/5
	WHITE	MARRIED 2	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min.
11.	MALE KX	WIDOWED	DIVORCED	1-8-06	625	
	OA. USUAL OCCUPATION (Give kind of wo lone during most of working life, even if refired)	TE TOR KIND OF I	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote of To	reign country)	12. CITIZEN OF WHAT COUNTRY?
	CLERGYMAN	TEACH	IER - T.A.	POLAND		X USA
	3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	BENJAMIN AARON S			MIRIAM	?	
1.0	5. Was Deceased Ever in U. S. Armed Fo (es, no or unknown) (If yes, give wor ar do	rces?	6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO		32COM111 140.	MDS SADAH SAMS	ON 5410 CTC	T AVENUE #21215
	18. 038.0 1/ 1	50.9	CAUSE OF DEAT	H	JON, 3410 015	APPROXIMATE INTERVAL
	DISEASE OR CONDITION D					BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Congestive	heart Failur	e dec you.	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or complication which couses		Phenons M	40 cardiel inf	archon v	
	ANTECEDENT CAUSE		(B)	yo cardist inf- R'hermatic Aea A CONSEQUENCE OF:	rt discase,	sectral yes
li	DISEASES OR CONDITIONS, if rise to the above couse (A)	any, giving		Λ Λ		7
	UNDERLYING CONDITION lost.	storing the	(c) Bruson	· A Kenstylie 8	tup. infector	n several yes.
11.	_					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Diabetes Melli fus						
<	S DISEASE OR CONDITION GIVEN IN PART 1 (A)					several gro.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				NDINGS CONSIDERED		
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PI	ACE OF INITIBY (e.g. in	or obout 21 C, WHERE DID	W . D ()	
ICA	DEATH Inotify medical examined	etcJ	form, foctory, street, aff	ice bldg., INJURY OCCUR?	lit in Bottimore	City, give exact facotion)
AAEDI	OF HAJORI		JURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?	
	[APPROX.]	While Work	At Work			
	22. I certify that (I) (this hospital) attended the deceased from 12-13 19 7/ to 13-2/ 19 7/					
	that (I) (we) lost saw the decease		12 -21			
	that (1) (we) lost saw the deceased alive an					
	Otherwide C.	Lusomes	DEGREE Phys.	ding Med. Director	Staff Phys.	12-21-71
	23C. PHYSICIAN'S NAME, (Type)			3D. ADDRESS		
24	IA. BURIAL CREMATION, 1248, DATE	GERASAL	DEGREE	Andi Hoop	, of Baltin	ine.
	REMOVAL (Specify)	71 CHOPPE	E of CEMETERY or CRE	MAIORY 24D. L	OCATION (City.	town, or county) (Stote)

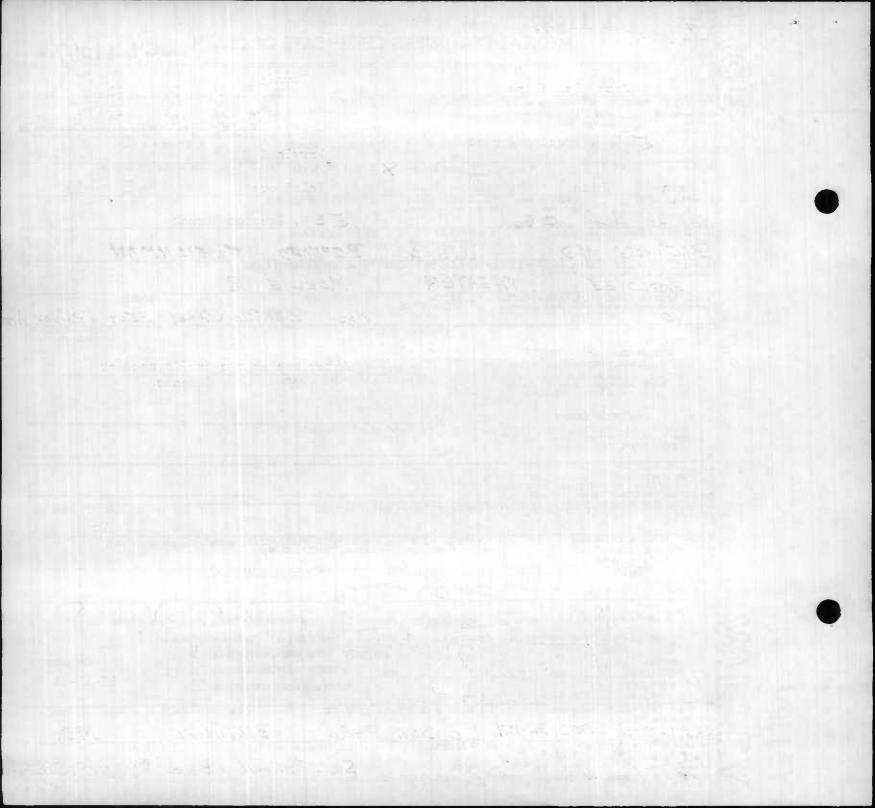
ROSEDALE, MARYLAND ROKIAL 12-21-71 CHOFETZ CHAIM (ADAS BNAI ISRAEL) 7 1971 WEALTH DEPT. OF REGISTRAR SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

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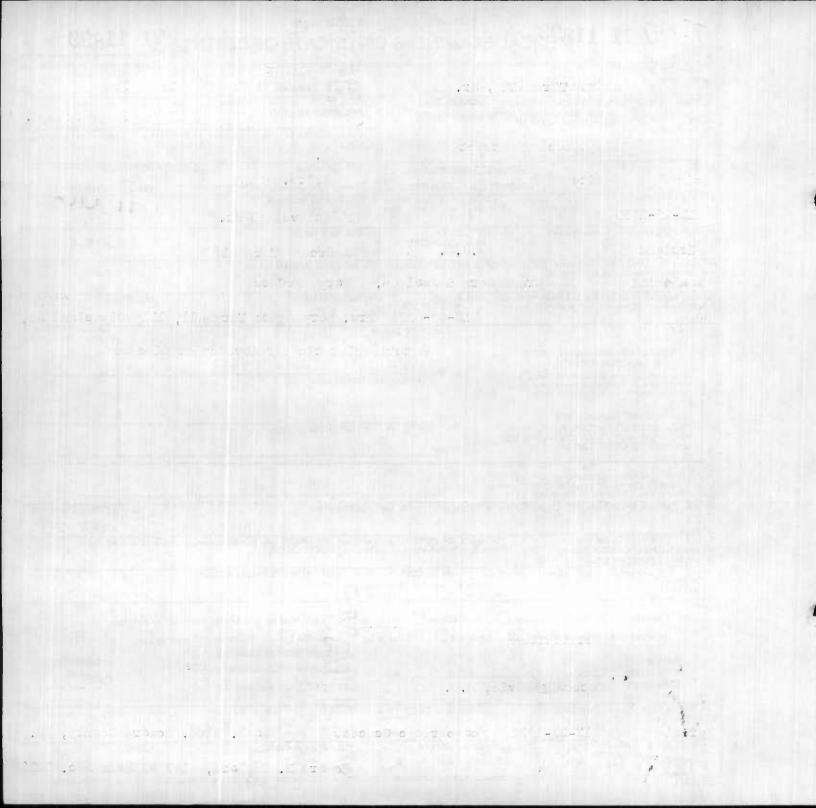


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	0 - 10 514 11 00	BALTIMORE CITY	HEALTH DEPARTMENT			
#-342 71 11898 CERTIFICATE OF DEATH REG. No. 71 11898					11898	
	1. NAME OF DECEASED (Type or Print) PEDOLS KY MUS HELEN 2. DATE AND HOUR OF DEATH 12/20/71 11:55 PM. 1					
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institutions	residence before admission)	
HC	LL NAME OF (IF NOT IN HOSMTAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Md.		2730	
	Chunch Home KHUSPi		XXXXX BALTI	MORE D. INSIDE CITY		
D j	90 NORTH. BROADWAY S	Pt.	28/1 DAMAS	COS COURT 2	1209	
-	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) 54 Months: Days Hours Min.					
	USUAL OCCUPATION (Give kind of work 108, KINE		11. BIRTHPLACE (State of foreig	ga country) 12, CI	TIZEN OF WHAT COUNTRY?	
	e during most of working life, even if refired) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	WETZLERS Anager	N. 4.		MERICAN.	
	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	53 ft		
	ISA DOIZE SWITKE		7,	SADIE SHAVITZ		
15. (Ye	Was Decessed Ever in U. S. Armed Forces? 1, no or unknown? (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
	NO		MRS LORAINE	AGUERA	324 Thomas D	
	18. 1 5 3. 8 1	CAUSE OF DEATE			SETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ATTIC COMA.		24 hours.	
	This does not mean the mode of dying.	DUE TO, OR AS	SE A CONSEQUENCE OF:			
	heart failure, aethenia, etc. It means the dise injury or complication which caused death.)	UFTI	CTATIC CAP	CINONA		
	ANTECEDENT CAUSES	103	of the LIV	ER.		
	DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF: PR	OBABLY frmu		
	use to the above cause (A) stating UNDERLYING CONDITION last.	(c) Cancin	ma of the Co	OLON.		
_	11	She had	phenotion 794	ary son for		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		oberation 7 que ch of the cole			
ENTIFIC	19A. DATE OF OPERATION 19L CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES OF	S CONSIDERED F DEATH?	
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	218. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n or about 21 C. WHERE DID fice bidg. INJURY OCCUR?	(II In Baltimare City, g	lve exact location)	
G	21 Do TIME (Month) (Day) (Year) (Hour) OF INJURY	21 & INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
(APPROX.) While At Work At Work 2/8/7/ 19 to 12/22				7		
				9ta12/20	17/ 19	
	that (i) (we) last saw the deceased alive	on 12/20/7		it in(my) (our) opinian de	eath occurred an the date	
	and hour and fram the causes stated abave. (1) (We) (did) (did not) view the body after death.					
23A. SIGNATURE Sterry 7.0 DEGREE Phys. Attending Med. Sterry Phys.				/	ATE SIGNED	
					12/21/11	
	23C. PHYSICIAN'S NAME (Type) S. P. G. G. O. R.	95 7.0	100 NORTH B	ROADWAY ST	+ '	
24	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)					
	BURIAL 12-22-71 CHIZUK AMUNO (ARLINGTON) BALTIMORE, MARYLAND					
25	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR SOL LEVINSON &BROS., 6010 REISTERSTOWN ROAD					
1 WS	150-REV. 1/1/68)		

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TIME BAINS SAMEANA



IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceosed was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular ottendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and if the direct or contributing the body was released to the hospital by a medical examiner.

	7-623		HEALTH DEPARTMENT	REG. NO. 71	11900				
	вияти No. 71 1100	CERTIFICA	TE OF DEATH	N					
	1. NAME OF DECEASED (Type or Print)			D HOUR OF DEATH					
	MARIE U. F.	urs t	12-2	10-73	М				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE I	RONOUNCED DEAD	A. STATE B. COUN	e deceased lived. Il insti	lution: residence before admission)				
	FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	MD.		2553					
H	INSTITUTION		C. CITY OR TOWN		CITY LIMITS?				
	BON SECOURS H	BON SECOURS HOSPITAL			YES NO				
		E. STREET AND NUMBER	MAN A	venue					
	S. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	, , , , , , , , , , , , , , , , , , , ,					
		OWED DIVORCED	7-15-17	lost birthdoyl	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	10A, USUAL OCCUPATION (Give kind of work 10B, KI done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY				
	HOUSEWIFE		·MD.		U.S.A.				
Ш	13. FATHER'S NAME AT BERT		14. MOTHER'S MAIDEN NAM	ΛE					
	CHIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	K 5	(Synther Park)						
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give wor or dotes of se	1 6. SOCIAL	17. INFORMANT	ARTE CARLL	ADDRESS				
	NO	security No. 214-01-4725	Mr Uarry C E	Name 2120 II	arman Ave. 21230				
H	18. 4/0 9 N/ 20/	CAUSE OF DEAT		dist, 2139 R	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY	1 1	Y	+ - Ventriale	BETWEEN ONSET AND DEATH				
$\ $	LEADING TO DEATH								
I	heart lailure, asthenia, etc. It means the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		***************************************				
	injury or complication which caused death.)								
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF: DISEASE Is the glove cause (A) station the								
I	Inse to the above cause (A) stating the								
	UNDERLYING CONDITION last.	(c)	y - weekking	- Ourless Huy	4. 9				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION WAS PERFORMED 2004. AUTOPSY? (Yes of No.) 1005. IF YES, No.									
	S DISEASE OR CONDITION GIVEN IN PART 1 (A).		(20A. AUTOPSY? (Yes or No)	209 15 455 14595 501	DIVIDE CONSTRUCTION				
	WAS PERFORMED)	200. AUTOPSITTIES OF INDI	IN CERTIFYING CAUSE	ES OF DEATH?				
I	U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	Of In Boltimore C	City, give exact location)				
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, factory, street, of	ice bidg. INJURY OCCUR?						
	Q 21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21f. HOW DID INJU	JRY OCCUR?					
	E OF INJURY	While At Work At Work							
	22. (certify that (1) (this basnisal) atten-		2	71 17	5 2 3 . 71				
l	22. I certify that (1) (this haspital) attended the deceased from 19 to 19 to 19 to 19 that (i) (we) fast saw the deceased olive on 12 to 19 to								
	and haur and from the causes stated obave. (1) (We) (did) (did nat) view the bady after deoth.								
I	23A. SIGNATURE	Aer (1) (we) (gig) (gig ugt) Ai	lew the bady after deoth.	[01	B, DATE SIGNED				
	Us Achun_	M.D. Atten	nding Med.	Shoff Phys.	12-23-71				
	23C. PHYSICIAN'S	DEGREE	3D. ADDRESS	hys.	1 - 0 3 71				
	MAME (Type) F. Ausu	ELVE MA	2935 PIPER	PATTA Slew	BURNIE Ad 2106!				
	24A. BURIAL CREMATION, 24B. DATE 2	Q .	town, or county) (State)						
	REMOVAL (Specify) Burial 12-27-1971	Glen Haven Ceme			Arundel Co. Md.				
16	30-2-1-17/1	OTCH HOLEH CEHE	GTEI	merite' wille	Lulider oo. Hd.				

DEPT. 222 NAME OF REGISTIAR DEC 27 1971 25C. FUNERAL DIRECTOR RAL HUBBARD FUNERAL ADDRESS 4107 Wilkens Ave. VS 150-REV. 1/1/68

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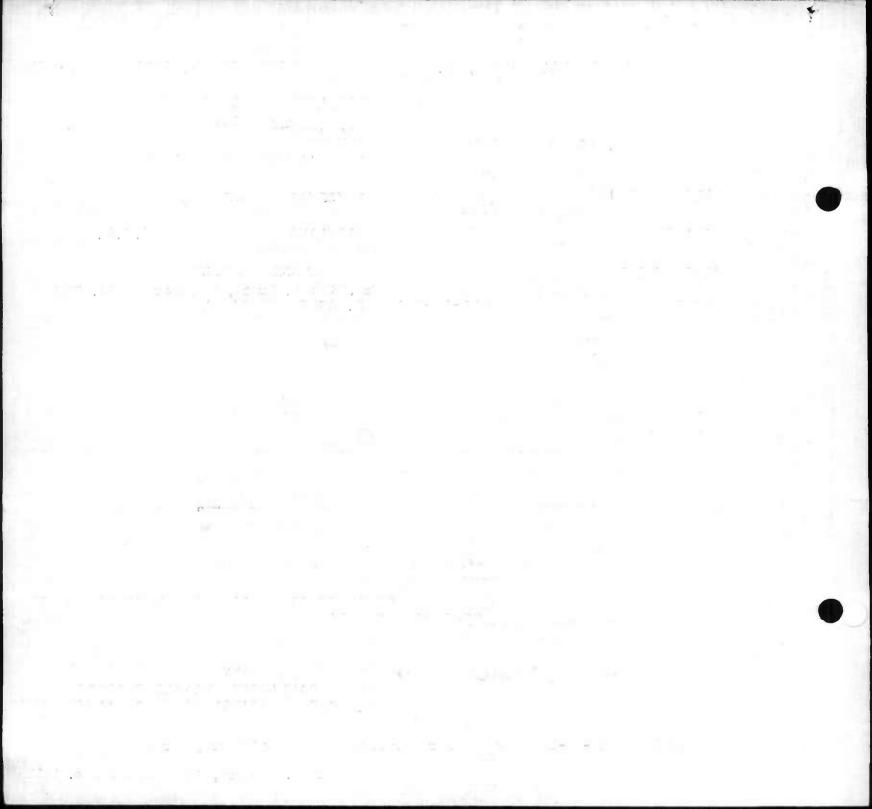
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to the hospital by a medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	
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tificate must be a y was released to (1) An accident of (2) A. at a hospital ad prior to death) approval must by	
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his certificate m he body was re- hows: (1) An acc ras D.O.A. at a eceased prior t	25
This certificate must be the body was released t shows: (1) An accident o was D.O.A. at a hospita deceased prior to death written approval must b	25.

	RE CITY HEALTH DEPARTMENT TILL THE REG. NO. 71 11901				
Dikiti Ito.	FICATE OF DEATH REG. NO.				
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
MARY MARCELLA HENDERSON	12/23/7/ 9 A. M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE HOSPITAL OR ADDRESS OR LOCATION)	ET Md. XXXXXX BALT IMORE C. CITY OR TOWN D. INSIDE CITY LIMITS?				
90	BALTIMORE YES W NO				
GOULD CONJALESARIUM	924 St. Charles Que. 21229				
5. SEX 6. RACE 7. MARRIED NEVER MARRI	8. DATE OF BIRTH 9. AGE (in years if Under 1 Yr. if Under 24 Hrs. Manihs; Doys Hours Min.				
F WIDOWED DIVORCE	ED 6 / 107/				
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Retired	Maryland U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Samuel S. Henderson	Many Or at 1:				
15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL	Mary Considine 17. INFORMANT ADDRESS 21220				
(Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO	Mrs. Mary A. Widdows, 924 St. Charles Ave.				
NO CAUSE OF					
7723	DEATHCOLICO - Sellecter Was SETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	usion due to Sembet.				
(This does not mean the mode of dying, e.g., (A) IMMEDIA	ATE CAUSE OR AS A CONSEQUENCE OF:				
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	ON A A CONSEQUENCE OF:				
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, if ony, giving DUE TO,	OR AS A CONSEQUENCE OF:				
nsa to the obove couse (A) stoling the UNDERLYING CONDITION tost. (C)	SALAS A CONSEQUENCE OF				
11					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199- CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR	Y (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)				
DEATH (natify medical examiner) O 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR While As 577	treet, office bldg., INJURY OCCUR?				
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCUR	ED 21F. HOW DID INJURY OCCUR?				
	ot While C				
22. I certify that (1) (this hospital) ottended the deceased from	n 9 400 196/ ta 12/23 197/				
that (1) (we) lost saw the deceased alive on 12/3					
ond haur and from the causes stated above. (1) (10) (did the t) view the body after death.					
23A. SIONATURE	23R DATE SIGNED				
forest 15 tables 40	Attending 12 Med. 17 Shiff 17				
28C. PHYSI CFAN'S DEGR	Phys. Director Phys. 2/2-3/)				
NAME (Type)	3508 Bank St Bell 12 My 10				
124A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	OF CREMATORY (24D. LOCATION (City, lown, or county) (Stole)				
REMOVAL (Specify)					
Burial 12-27-1971 New Cathedra 25A. DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR					
DFC 27 1971 Pales & Valley & A	25C. FUNERAL DIRECTOR ADDRESS				
VS 150-REV. 1/1/68	Howard H. Hubbard, 4107 Wilkens Ave. 21229				

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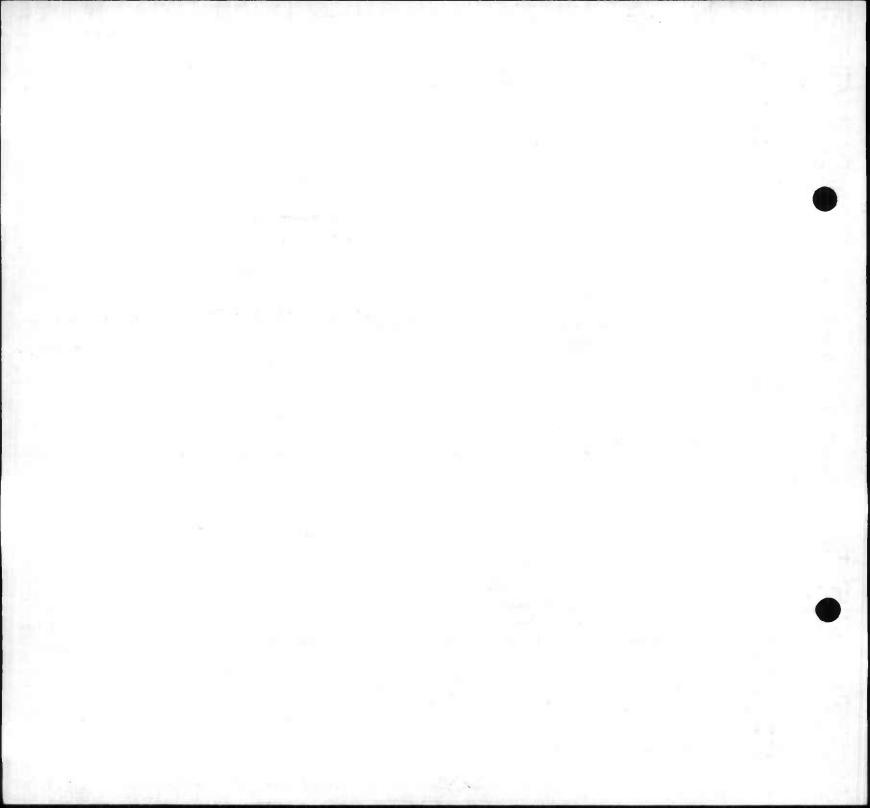
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY HEALTH DEPARTMENT					
-	RIH NO.	TE OF DEATH X REG. NO. 71 11902				
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
1	KRATZ, WALTER R, SR. PLACE IN SALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	DECEMBER 22, 1971 10:55A. 14. USUAL RESIDENCE (Where doceosed lived, If institution; residence before admission)				
3.	PEACE IN SALIMORE MARILAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY				
FI H IN	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) STITUTION	MARYLAND BALTIMORE C. CITY OR TOWN CATONSVILLE D. INSIDE CITY LIMITS? YES NOX				
11	ST. AGNES HOSPITAL	E. STREET AND NUMBER				
	+0 ST. AGNES HOST TIAL	39 BRIARWOOD RD 21228				
5,	SEX 6. RACE 7. MARRIED NEVER MARRIED					
N	IALE WHITE WIDOWED DIVORCED	10/25/91 81				
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY no during most of working life, even if refired)	1111 43 44 44 44 44 44 44 44 44 44 44 44 44				
F	RETIRED	MARYLAND U.S.A.				
13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
	AMES KRATZ	OTHELIA SCHALK				
115	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Mrs. Edna M. Kratz, 39 Briarwood Rd. 21228				
	is, no or unknown) (If yes, give war or dates of service) NONE 213-10-5232					
-	18. // / C 1 CAUSE OF DEAT	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	ine CAF				
	(This does not mean the mode of dying, e.g., DIETO OF AS	A CONSEQUENCE OF:				
	heart failure, asthenia, etc. It means the disease,					
	ANTECEDENT CAUSES /055	- Myo cardial infarction				
	DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS	A CONSEQUENCE OF:				
	ise to the above cause (A) stating the UNDERLYING CONDITION last.					
	Charles Continon last					
12	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 / . /				
ATIO		tary ch stroke				
EPTIEIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	204 AUTOPHE (Yes of No.) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	WAS PERFORMED					
14.0	OR CONTRIBUTION CAUSE OF CAUSE	in or about 21C WHERE DID (If in Boltimore City, give exact location) ffice bidge INJURY OCCUR?				
l id	21 D. TIME (Month) (Day) (Year) (Hour) 21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
1	At Work					
	WORK - AT WORK	DECEMBER 17 19 71 10 DECEMBER 22 19 71				
	22. I certify that (I) (this hospital) attended the deceased from					
	and hour and from the couses stated obaye. (i) (We) (did) (did not) view the body after death.					
	23A. SIGNATURE 23B. DATE SIGNED 12 12 12 17/					
	DEGREE Phys. Director Phys. A					
	23 C. PHYSICIAN'S NAME IType) 23 D. ADDRESS BALT IMORE, MARYLAND 21229					
	DEGREE	ST. AGNES HOSPITAL; CATON & WILKENS AVE				
2	IA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (State)				
	Burial 12-27-1971 Loudon Park Cem	etery Baltimore, Maryland				
2	SA. DATE LEGO AT ALTO H DEPT BEEN NOW BEEN BELLE BAR	25C. FUNERAL DIRECTOR ADDRESS				
	DEC St 1911 Conser	Howard H. Hubbard, 4107 Wilkens Ave. 21229				
VS 150-REV, 1/1/68						



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

1	BALTIMORE CITY HEALTH DEPARTMENT
sed the the	EIRTH NO. CERTIFICATE OF DEATH REG. NO. 71 11903
op under	1. NAME OF DECEASED (Type or Print) MISS FREDERICH WIKMAN. 2. DATE AND HOUR OF DEATH 12/21/71 1:50 PM
9 9 5 E	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
(5) de de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MD. C. CITY OR TOWN D. INSIDE CITY LIMITS?
ng cause; cause; aftendior to	Church Home & HOSPITAL. BALTIHORE YES D NO
ibuting ned cau lar att d prior	100 NORTH. BROADWAY. 6008 BURGESS Ave.
TEBOE	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years light birthday) Months: Days Hours: Min. Min.
deterior reconsisting on is	IOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
7 D - D :	HOUSEWIFE. MARYLAND AMERICAN
was was the	13. FATHER'S NAME
Hispa	EDWARD WIKMAN CAROLINE
he cind	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 21632 6702 THERESALUCIMAN GOOD BORGETS FUE 21214
4 5 6 6	18. 2// 1 4/1 1 CAUSE OF DEATH
04 5 6 5	DISEASE OR CONDITION DIRECTLY CARDIAC ARREST. BETWEEN ONSET AND GEATH CARDIAC ARREST.
Als	(A) IMMEDIATE CAUSE
fractur fo pror gular embal	heaft foilure, astherita, etc. It means the disease, injury or complication which caused death.] DUE TO, OR AS A CONSEQUENCE OF: IN TRACTABLE CONGESTIVE
fra fra 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANTECEDENT CAUSES (B) HEART FAILURE-1
DA 3 5 5	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
S 5.5 8	underlying condition last. (c) A.C.V.D. haretes MELLITUS.
edical burns; hysicia n was	Z II REVAL FAILURE.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1996. CONDITION FOR WHICH OPERATION WAS PERFORMED 1994. AUTOPSYT (Yes of No.) 208, IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 214. ACCIDENT WAS UNDERLYING 1 218 PLACE OF INJURY (eq. in of obout 21C, WHERE DID.
Body the p ysicia	1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	W CENTRAL CAUSES OF DEATH
= - 5 - 5	OR CONTRIBUTING CAUSE OF home, form, fociory, street, office bidg., INJURY OCCUR?
hospita nature; ept who d (6) No	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?
nd Cop	Work At Work
the ax a	22. I certify that (I) (this hospital) attended the deceased from 10/21/7/ 19 to /9/21/7/ 19
ちこれの	that (I) (we) last saw the deceased olive on 19 ond that In (my) (our) opinion deoth occurred an the date
T 40 40 40	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
lea hos d	Attending Med. Stoff M
acc acc	23C. PHYSICIAN'S DEGREE 123D. ADDRESS
A. at prior	NAME (Type) S: P. GEORGE M.D. 100 NORTH BROADWAY A.
AE OF B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
o Si O Si o	BURIAL 24 DEC 71 DRUID RIDGE CEMETERY BACTIMORE CO. MD.
shows: was D.C decease	256, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
* N > O 3	DEC 27 BYT VASGE & FORERAL HOME 4210 BELAIR RD
	Vs 150-REV. 1/1/68



	-220)		BALTIMORE CITY	HEALTH DEPARTMENT		
6	IRTH NO.	71 1	1904	CERTIFICA	TE OF DEATH	REG. NO.	71 11904
1,	NAME OF DECE	ASED			2. DATE A	ND HOUR OF DEATH	
1	PLACE IN BALT	Mis	s Ada	M. Lucas	I	Dec. 20, 19	71 M.
"	FLACE IN BALI				4. USUAL RESIDENCE (WH	ere deceased lived. If in NTY	stitution: residence before admission)
H	FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITATION)	TUTION, GIVE STREET	Maryland		2712
	00			Ro 1	timore	D. INSI	DE CITY LIMITS?
	441 Eve	esham Ave		Dal	E. STREET AND NUMBER		LON INCL
5		6. RACE	T -		441 Eveshan	1 Ave	
	Female	White		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
10	A. USUAL OCCU	ATION (Give kind of work	WIDOWED		Jan. 16. 1890	81	12. CITIZEN OF WHAT COUNTRY?
l ac	one during most of w	prking life, even it refired)					
13	REULTED FATHER'S NAM	Bookkeepe:	r Bal	to. Transit	Baltimo	ore, Md.	USA
-		John B. Luc	cas		Mary Co	nne11v	
15 (Y	W D 1 1	ver in U. S. Armed For If yes, give war or date		1 6. SOCIAL	17. INFORMANT		ADDRESS
		, ,		215-09-3729	Mrs. J. D.	Scully 181	9 SwanseaRd
	18. 4/0	.7		CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DIE	RECTLY		(Vannages	Doal .	BETWEEN ONSET AND DEATH
	(This does no	mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE YOURSEQUENCE OF:	Occuse	
	injury or camp	sthenio, etc. It means lication which caused	the disease, death.)		O SECOLINE OF	10	
	Al	NTECEDENT CAUSES		(a) Coro	ray Att	nosellero	is In her
	DISEASES OR	conditions, if above cause (A)	ny, giving	DUE 10, OR AS	A CONSEQUENCE OF:	/ 0 5	
	UNGERLYING	CONDITION last	stuting the	(c) Jan	NY5 - C-	was.	V
Z	OTHER STONES	11					
ATION	TO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO TH NDITION GIVEN IN PART	E TERMINAL	******************			
ERTIFIC/	19A-DATE OF C	PERATION 198 CONT	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208, IF YES, WERE F	NDINGS CONSIDERED
CERT	21A ACCIDENT					IN CERTIFYING CAU	SES OF DEATH?
₩ V	OR CONTRIBUTE	WAS UNDERLYING DE CAUSE OF	hom elc.)	e, torm, toctory, street, of	or obout 21C. WHERE DID	(If In Boltimore	City, give exoct focotion)
음	21 D. TIAAS (Month) (Doy) (Year)		INJURY OCCURRED	015		
ME	OF INJURY	(100)	- 1	le At T Not While	21F. HOW DID IN	URY OCCUR?	
		at (I) (this bospital)	Wor	K L At Work		0	
		ist saw the decease		Here deceased tram		· · · · · · · · · · · · · · · · · · ·	197/
) (Wa) (did) (did	ew the bady after death.	iat ju (my) (ou r) objui	fan death accurred on the date
	23A. SIGNATURE	11104	1/2	(0.0) (0.0 1,01) (1	ew the bacy after ceath.		23 B. DATE SIGNED
		WYK (len	OEGREE Phys.	Med.	Staff Phys.	12/2/7/
	23C. PHYSICIAN' NAME (Type	S O A	216	OF OKEE!	3D. ADDRESS	0 1	
	CH	AS. EUR	KJR.	DEGREE	3400 N	CHARL	ES ST
Burial 12/23/71 Loudon Park Cemetery Baltimore, Md.							
1			L. Jalle		25C. FUNERAL DIRECTOR		ADDRESS
VS	150-REV. 1/1/68	at a Coocha d	-	2.74	Mitchell-Wi	egerera Ho	me 6500 York Rd

CONTRACTOR OF THE PARTY OF THE 49.7 Although the second sec

24C, NAME of CEMETERY or CREMATORY

ylen Hazen Memorial

Peter Mipkovic, M.D.

258, NAME OF REGISTRAR

24B, DATE

NAME (Type) 24A, BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify) Buria

VS 151-REV. 1/1/68

ASSOCIATE MEDICAL EXAMINER

Park

25C. FUNERAL DIRECTOR

24D. LOCATION

tuneral Home

Burnie.

ylen

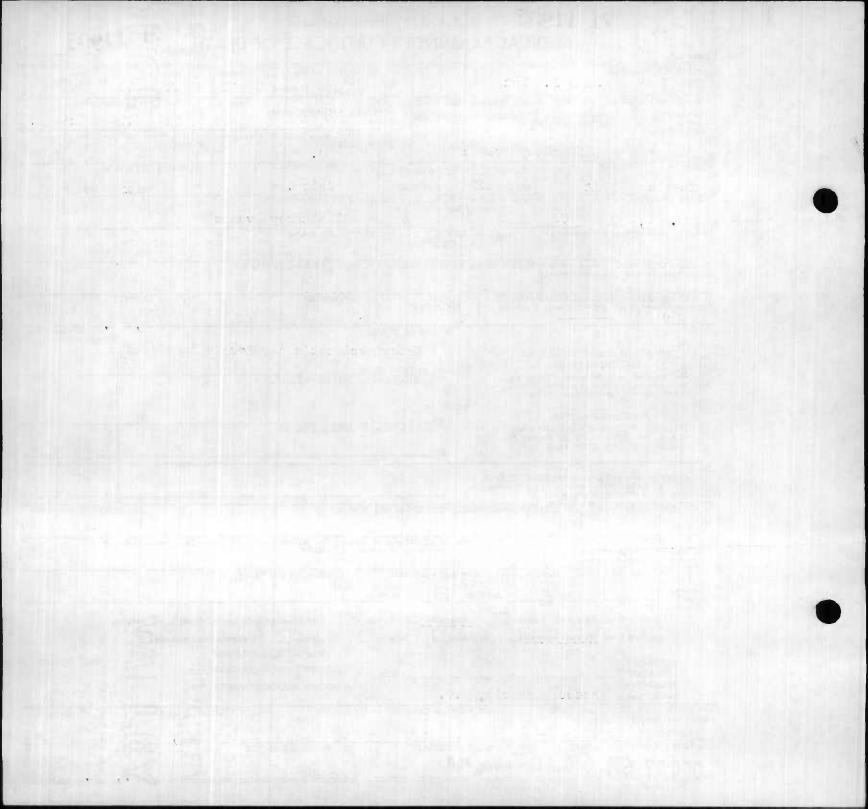
12/22/71

Patapsco Avenue

(State)

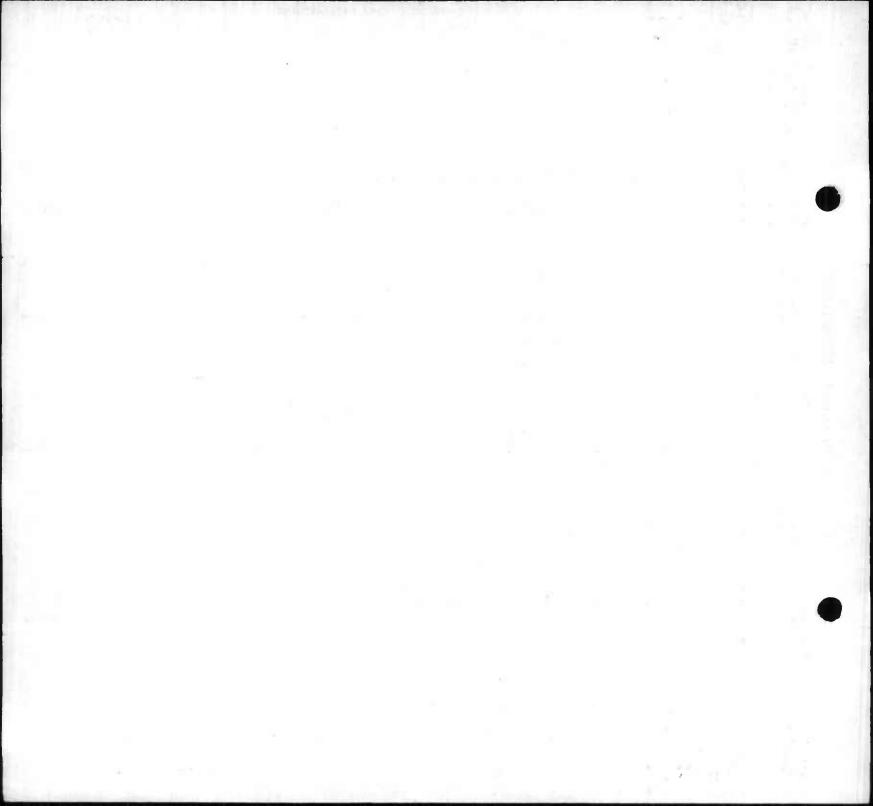
(City, town, or county)

ADDRESS



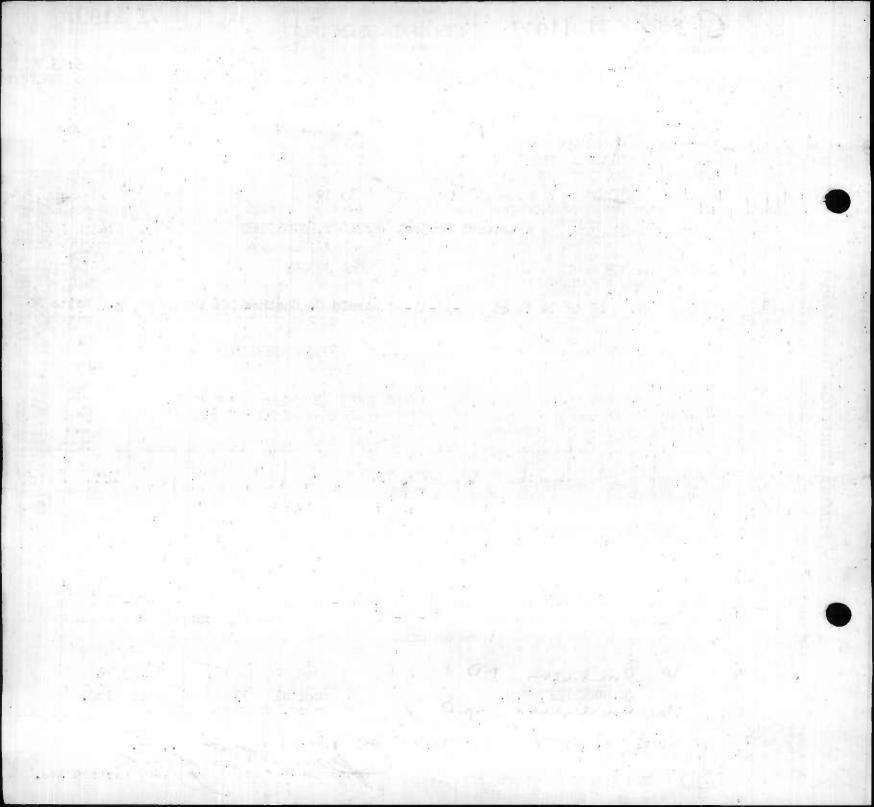
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause af death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

-	Tan	BALTIMORE CITY	HEALTH DEPARTMENT	J 1914	1.44-00
BIE	-520 11 11906	CERTIFICA	TE OF DEATH	REG. NO.	11906
1, 1	NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	. دره
	Thomas Ant		Dec	. 19. 19	71 12 D M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	HOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY		itutions residence before (dmission)
FU	ILL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	U.S.A.	Marylane	
IN	STITUTION		C. CITY OR TOWN	, , , , ,	E CITY LIMITS? YES X NO
9	STrai Hospital ox	Baltimore	E. STREET AND NUMBER	<u> </u>	123 24. 10
5.	1 6		Rf. 235	Hughesvil	lle. Maryland
5.	SEX 6. RACE 7. MARRI	D NEVER MARRIED		AGE (In years	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
	M Kegro WIDOW		5/6/11.		7
dor	LUSUAL OCCUPATION (GFG kind of work 108, KIND to during most of working life, wen if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	a country)	121CHIZEN OF WHAT COUNTRY?
	Mone.		Maryland		U. S. A.
13. X	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Rose M.	Thomas
11	Margaret Thomas.	- Gardian.	Granbrothe	1,000	10.00
15. (Ye	Wes Decessed Ever in U. S. Armed Forces? is, no or unknown) [Uf yes, give war or dates of service	of SECURITY NO.	17. INFORMANT		ADDRESS
	No.		YURSOOK PA	RE. 5	mai Masp.
	18. 347.91	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		A	200000	
	(This does not mean the mode of dving, e	Q)IMMEDIATE CAU	A CONSEQUENCE OF:	Jamage.	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
	ANTECEDENT CAUSES (8) resp. and				
	DISEASES OR CONDITIONS, If any, give	ING DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) stating to UNDERLYING CONDITION fast,	(C)			
	- II				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG AL			
CA	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	R WHICH OPERATION	20A AUTOPSYR (Yes or No.)	20B. IF YES. WERE FI	NDINGS CONSIDERED
CERTIFICATION	None WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
11	OR CONTRIBUTING TICALISE OF	216 PLACE OF INJURY le.g., i home, farm, factory, street, of atc.)	n or obout 21 C. WHERE DID flice bldg., INJURY OCCUR?	(il In Baltimare	City, give exact location
EDICAL	21D-TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCURT	
1	OF INJURI	While At Work	• 🗆		
	22. I certify that (i) (this hospital) attende		19	to bec.	. 19 19 71
	that (i) (we) last saw the deceased alive of	n 12-45 m Dec	(9 19 7 (and that	t in (my) (aur) apini	ian death occurred on the date
	and hour and from the causes stated above				
	23A. SIGNATURE				23B, DATE SIGNED
	Man and white	A . /) Dhu	nding Med. S	Hys. Z.	Dec. 19. 1971.
	23E PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		
	Yansook PARIC Le	e. M.D. DEGREE	Singi trosp	of a	altimora
24	A. BURIAL CREMATION, 148. DATE 240	NAME of CEMETERY of CR	EMATORY 24D. 10	1	fown, or county) (State)
	Burial 12-22/71 5	Marys Church	Cometery Byy	antown . Ch	barles and.
25	A. DATE REC'D BY HEALTH DEPT. 258 NA	AE OF REGISTRAR	Martell a	dans O	cuesco, M.
1	DEC 27 1971 Reve & July	N. P. C.	Mariele Cl	oums cla	unser, 1014.
VS	150-REV. 1/1/68		001		



proval must be obtained before the remains are embalmed of final disposition is made.	ritten approval must
eceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ceased prior to de
as D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	as D.O.A. at a hos
nows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ows: (1) An accide
ne body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	e body was releas
his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	is certificate must

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE COLUMN OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE COLUMN OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE CERTIFICATE COLUMN OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE CERTIFICATE COLUMN OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE CERTIFICATE COLUMN OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE CERTIFICATE COLUMN OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE CERTIFICATE COLUMN OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE CERTIFICATE COLUMN OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE CERTIFICATE COLUMN OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE CERTIFICATE COLUMN OF DEATH CITY HEALTH DEPARTMENT CERTIFICATE CERTIFICATE COLUMN OF DEATH CERTIFICATE CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE COLUMN OF DEATH CERTIFICATE C					
(Type or Print) CHATHAM, HAROLD JUDSON 12/23/71 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased lived. If institution: residence before and printing in the state of th					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD [4. USUAL RESIDENCE (Where deceased lived, If institution: residence before of	141				
	mission)				
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYTAND Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS?	00				
VETERANS ADMINISTRATION HOSPITAL BALTIMORE 21220 D. INSIDE CHY LIMITS? YES A NOTE OF THE PROPERTY OF THE PR					
3900 LOCH RAVEN BLVD BALTIMORE, MARYLAND 21218 E. STREET AND NUMBER 7 EAST HICKAM ROAD					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours MALE WHITE WIDOWED DIVORCED 14 13 19 52	24 Hrs. Min.				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) MAINTENANCE MECH. Apartment Project DETROIT, MICHIGAN USA	DUNTRY?				
13. FATHER'S NAME					
HAROLD CHATHAM ALMA JUDSON					
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.					
YES 6 41 to 11 21 46 372-18-12-42 Harold C. Chatham 106 Randolph, Rd. Balte	20				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode at dying, e.g., heart latiture, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE CARDIAC ASYSTOLE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). CONGESTIVE HEART FAILURE UNK	do dar dar dar dar da				
198. CONDITION FOR WHICH OPERATION NO 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?					
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While Mark Not Work					
22. I certify that (I) (**********************************					
23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shaff 12/23/71					
23C. PHYSICIAN'S NAME (Type) W. BOUCHELL, M.D. 23D. ADDRESS VA Hospital 3900 Loch Raven Blvd.					
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(Stote)				
Burial 12/27/71 Holly Hill Memorial Cardens Baltimore Com Md.					



attendance on doath.

2

prior

C-4/5 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	REG. NO.71 11908				
BIRTH NO.					
(Type or Pant) WILLAM CLEVENGER 2. DATE AND H. (Type or Pant)	18/71 1604 PM M				
3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where dec	eased lived. Il institution: residence before admission				
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryland Balti	more 7				
BATIMORE CITY HOSPITAL TOUNDALK IN	YES NO K				
4940 Eastern Ave.					
Baltimore, Md. 21224 2704 Creston Rd	. 21222 005				
I THE WORLD 20 I TE SEN THE TRIBLE	E (In years II Under 1 Yr. II Under 24 Hrs.				
Male Caucasian WIDOWED DIVORCED 9-16-21	irthday 50 Manths Doys Hours Min.				
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of loreign co	ountry) 12. CITIZEN OF WHAT COUNTRY				
Steel Construction Beth. Steel Co. Kentucky	U.S.A.				
13. FATHER'S NAME					
John Clevenger	Ellen ?				
Illusting at aurusamilar kest disa and at ones of selected 25COKILL MO"	EAstern Ave. ADDRESS				
No 400-34-0165 BCH Records: Balti	more, Md. 21224				
18. 4/// 41 CAUSE OF DEATH	APPROXIMATE INTERVAL				
DISEASE OF CONDITION DIRECTLY	MAILE !				
(A) MMEDIATE CAUSE	30 min				
heart failure, astheria, etc. it means the disease, injury or camplication which caused death.)					
ANTECEDENT CAUSES (AND 10 GENIC SHOCK	9 HRS				
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF: ACUTE MYDCARDIAL (C)	NEARCTION 9HRS				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179. DATE OF OPERATION 178. CONDITION FOR WHICH OPERATION WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 1 218 PLACE OF INJURY (e.g., in or about 21C, where DID	5 YRS				
19A-DATE OF OPERATION 19& CONDITION FOR WHICH OPERATION 20A AUTOPSYS (Yes or No.) 20B WAS PERFORMED Yes	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bldg., (NJURY OCCUR?	(II In Baltimore City, give exoct lacotion)				
OF INJURY (Month) (Doy) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID (NJURY OF	OCCUR?				
(APPROX) While At Not While At Work					
22. I certify that (1) (this hospital) attended the deceased from 12/18 1971 to 12/18 1971					
that (1) (mg) last saw the deceased alive an 12/18/19/71 and that in(my) (dur) opinion death accurred on the date					
ond hour ond from the causes stated above. (1) (Ne) (did) (did-not) view the bady after death.					
23A. SIGNATURE	238 DATE SIGNED				
Keith I. Klein MD DEGREE Phys. Med. Director Phys.	12/18/71				
23C. PHYSICIAN'S NAME (Type) Keith L. Klein M.D. 23D. ADDRESS 4940 Eas	tern Ave. Baltimore, Md				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATI	ON (City, town, or county) (Stote)				
	te Marsh, Maryland				

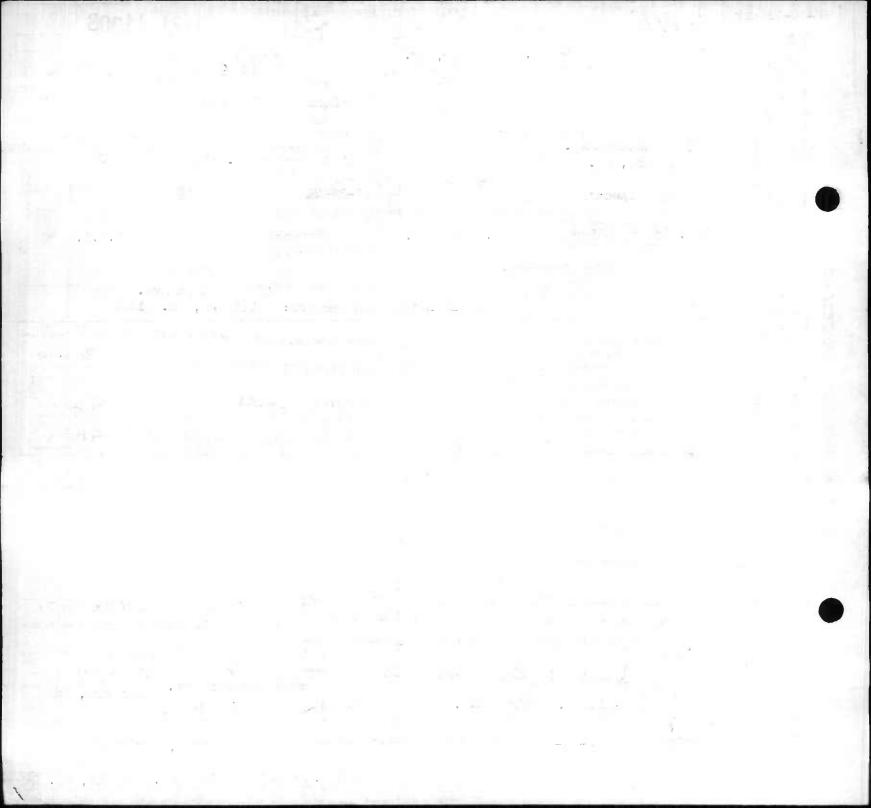
258. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH

VS 150-REV. 1/1/68

25C. FUNERAL DIRECTOR John J. Duda

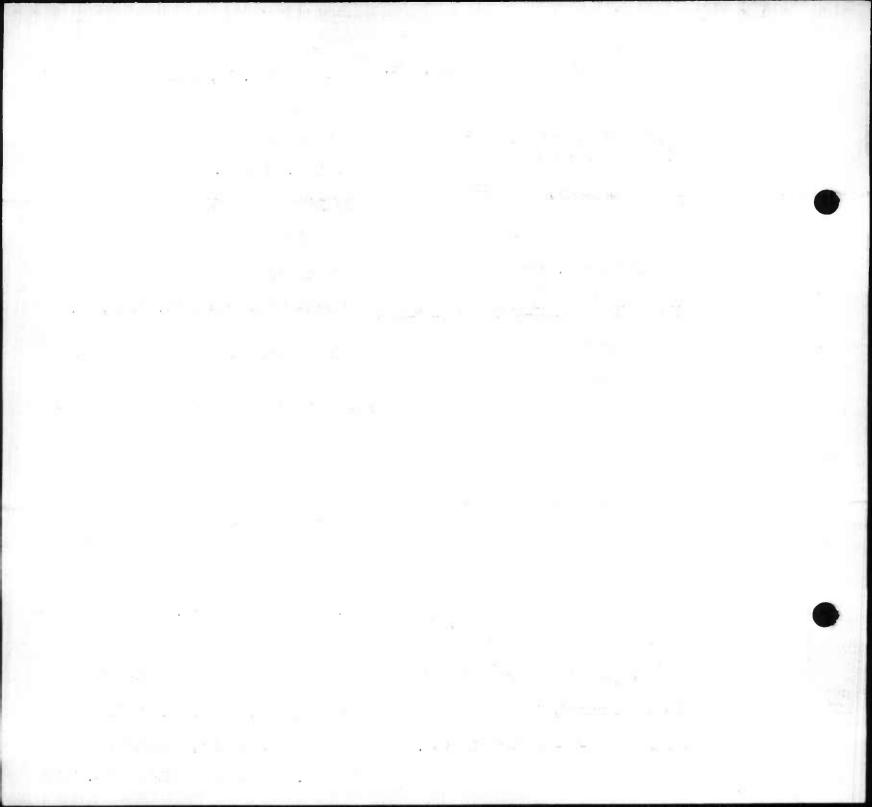
A DDRESS 7922 Wise Ave. Dundalk. Md.



RGB

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

В-630 71 11909		HEALTH DEPARTA		71 11909		
1. NAME OF DECEASED (Type or Print) Frederick	Asher Bird, Sr.		DATE AND HOUR OF DEAT			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	ONOUNCED DEAD	4. USUAL RESIDEN A. STATE Mich	or cooldii	1 2 A N		
US Public Health Service		C. CITY OR TOWN Ludington D. INSIDE CITY LIMITS? YES NO				
3100 Wyman Parkway		E. STREET AND NO.	I. Rath St.			
M Caucasian wido		8. DATE OF BIRTH 1/23/05	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of wark 10B. KIN done during most of working life, even if retired)	o of Business or Industry eafarer	11. BIRTHPLACE (Sto	le or fareign cauntry)	12. CITIZEN OF WHAT COUNTRY		
Frederick A. Bird		14. MOTHER'S MAI Edith				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give war ar dates of serv Yes USA 1942-19		7 Records	US PHS Hospita	ADDRESS al, Balto, Md.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	Aspira	tion pneumonia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Terminal		
(This does not mean the mode of dying, heart follows, asthenio, etc. If means the dise injury or complication which caused death.)	ase,	CONSEQUENCE OF:		Monthe		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givise to the above cause (A) stating UNDERLYING CONDITION last.	ving DUE TO, OR AS	A CONSEQUENCE OF	rtic leukemia	Months		
z II	NG.			***************************************		
19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	***************************************	20A. AUTOPSY? (Y	es or No. 20R IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, offi etc.)	or about 21C WHERE	DID #4 P III	ore City, give exact lacation)		
21D. TIME (Manth) (Day) (Yeot) (Haut) OF INJURY (APPROX.)	21E, INJURY OCCURRED While AI Not While Work AI Work		DID INJURY OCCUR?			
22. I certify that (I) (this hospital) attended that (V) (we) last saw the deceased alive of	n Dec. 20	Nov. 18	19 71 to Dec.	20 19 71		
23A SIGNATURE	(h) (We) (did) (did hat) vid	ew the bady after	death.	23B. DATE SIGNED 12/20/71		
John Sutherland, MD		D. ADDRESS	pital, Balto, M			
BURIAL 12-23-71 LA	NAME OF CEMETERY OF CREA		24D. LOCATION (C	City, town, or county) (State) MICHIGAN		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM. C. S. 150-REV. 1/1/68	NE OF REGISTRAR	25C. FUNERAL DI HOWARD H.	RECTOR HUBBARD 4107 W	VILKENS AVE. 21229		



VS 150-REV. 1/1/68

	1			BALTIMORE CITY	HEALTH DEPARTA	MENT				
1	-6/3	71 1	1910	CERTIFICA	TE OF DEA	TH	REG. NO.	. 11	910	
	Pe or Print)				-		D HOUR OF DEATH	h		
		KRAFT, EWAL				DECEN	BER 14, 19	71	7:03	PM
	ILL NAME OF	(IF NOT IN HOSPIT		TUTION, GIVE STREET	A. STATE MARYLAND	B. COUN	e deceased lived. If instry LTIMORE	titutian: res	bed a	(mission)
H	OSPITAL OR	ADDRESS OR LOC.	ATION)	TION HOSPITAL	C. CITY OR TOWN BALTIMOR	13		YES X	AITS?	
7		CH RAVEN BO		_	E. STREET AND NU					
5.	MALE	6. RACE CAUCASIAN	7. MARRIED	INEVER MARKIED	B. DATE OF BIRTH		ost bruhday)	If Under Months;	1 Yr. If Under Doys Haurs	24 Hrs. Min.
		PATION (Give kind af wor warking life, even if retired)	10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or farei	gn cauntry)		EN OF WHAT C	
	BARTENI	ER	Rest	aurant	GERMANY			UN	ITED STA	ITES
13.	FATHER'S NA	ME			14. MOTHER'S MAI	DEN NAM	A E			
	JOHN KF				BERTHA					
1S. (Ye	Was Deceased s, no ar unknown YES	Ever in U. S. Armed For (If yes, give wor or date 2/13/43-6/		16. SOCIAL SECURITY NO. 213-03-92-9			PITAL RECOR		ADDRESS MD	
_		2/17/45-0/	7/ 72	CAUSE OF DEATH	-	II NA	THE DESTRUCTION	WILL TIL	APPROXIMATE IN	
		SE OR CONDITION DI LEADING TO DEATH	RECTLY		y Arrest a	nd An	oxia	88	2 Hours	
	heart foilure,	nat mean the mode of osthenio, etc. It means application which caused	the disease	DUE TO, OR AS	A CONSEQUENCE OF		a		6 Month	0
		ANTECEDENT CAUSES			c Lung Car		3,		O PIOTION	
	rise to the	OR CONDITIONS, if a bave cause (A) G CONDITION last.		Infiltra	iting Squam		ell Carcinom	ıa	6 Month	S
Z		11		of The T	ongue					
ATION	TO THE DEAT	FICANT CONDITIONS CO I'H BUT NOT RELATED TO T CONDITION GIVEN IN PAI	HE TERMINAL							
ERTIFIC/			DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS SES OF D	CONSIDERED EATH?	
CAL CE	OR CONTRIBU	NT WAS UNDERLYING [JTING CAUSE OF medical examiner)	21 ho etc	B. PLACE OF INJURY (e.g., in me, form, foctory, street, af c.)	n ar obout 21C. WHER injury O	RE DID CCUR?	(If in Boltimore	City, give	exact location)	
MEDI	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	w	E. INJURY OCCURRED (hile At Not White At Work		DID INJ	URY OCCUR?			
	22. 1 certify	that 🖈) (this hospita	I) attended	the deceased from De	cember 13.		9 71 to Dec	ember	14 19	71
	that IL) (we)	last saw the decease	ed allve on.	December 14	19 71	and the				
	23A. SIGNATU	4 4	red abave.	(¥) (We) (did) (3€2555) v	lew the bady after	death.		23 B. DATE	SIGNED	
	Ka	cloth fo	mer,	The Conference Phys	20		Staff Phys.	12=1	17-71	•
	23C. PHYSICIA NAME (T	ype)		1000000			ch Raven Bou re, Maryland		_	
24	A. BURIAL CRE	MATION, 248. DATE	24C.	MD DEGREE				y, town, or		(State)
	REMOVAL () Burial	12/20/	/71 G	ettysburg Nati			ettysburg		Pa	
25	DEC 27	BY HEALTH DEPT	SBS I AME	OF REGISTRAR	2SC. FUNERAL				ADDRESS	
11	C-10-0			- A - A - A - A - A - A - A - A - A - A	William	27	Johnson		Balto. N	ld.

William

Johnson

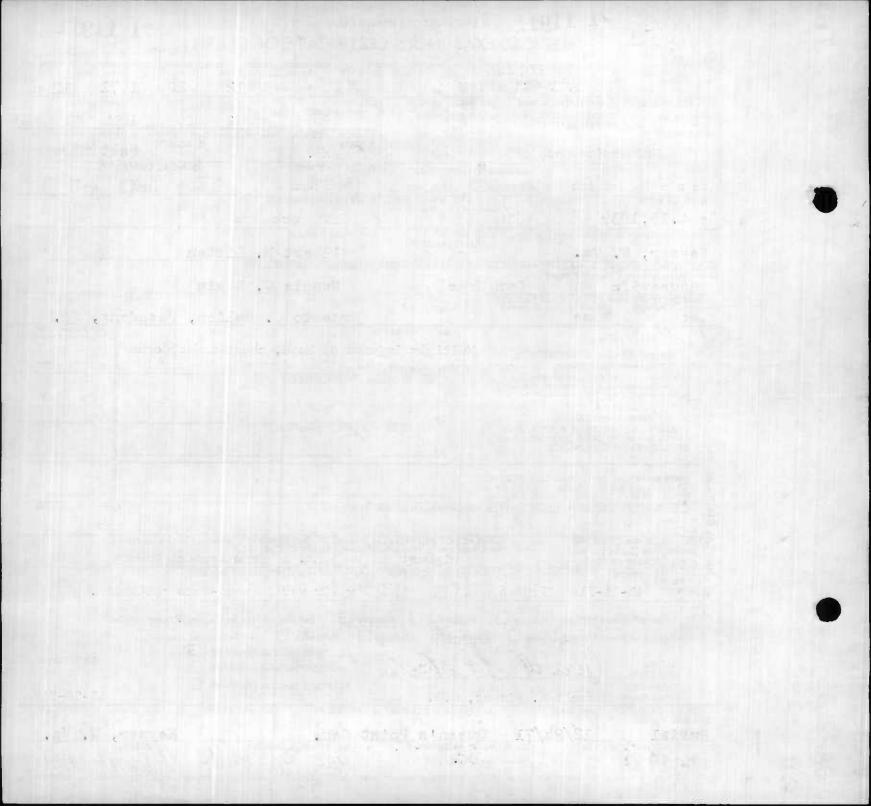
Balto. Md.

HERE M. 1912 STOP

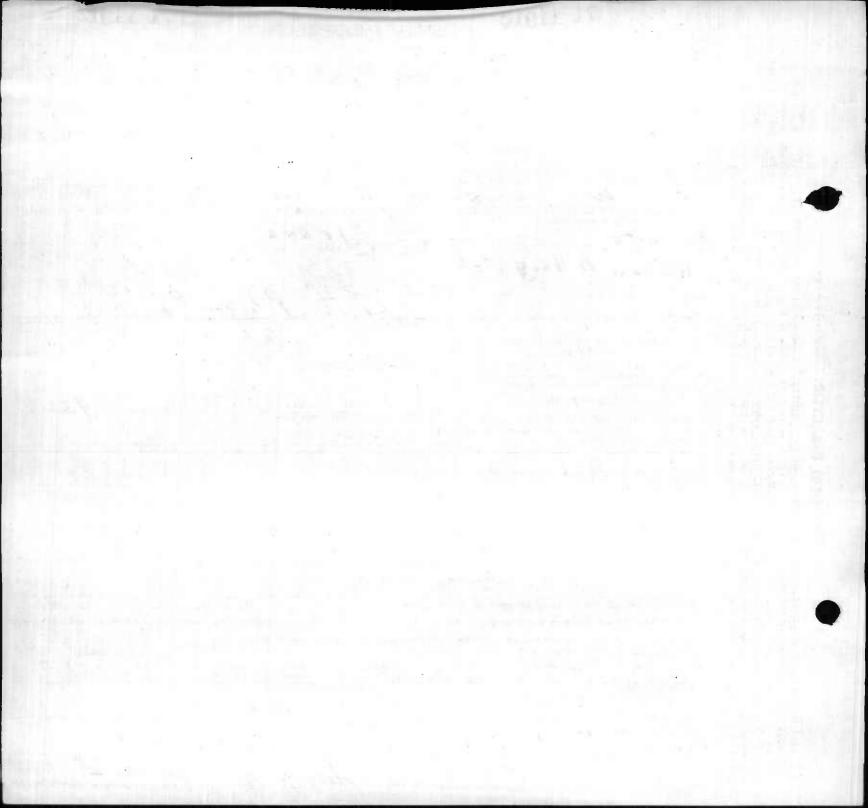
TELL TO BE A STATE OF THE PARTY.

The Table of the Committee of the Commit

N BIRT	7-45	0 71	119 MED		BALTIMORE CITY HE EXAMINER'S			DEAT	H REG. NO	1 11	911	
1. N	AME OF DEC	CEASED		OUI		2. DATE	Known X	Month	Doy	Year	Hnur	
(Туре	or Print)		MARY X	DEX M	IELLON	OF DEATH	Estimoted	12	20	1971	12	р м.
4. P	LACE IN BAI	TIMORE, M.	ARYLAND, W	HERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	10 1111
HOS	NAME OF PITAL NSTITUTION	(IF NO	T IN HOSPITAL	OR INST	TUTION, GIVE STREET		UNCED DEAD ESIDENCE (Where	12	20	1971	12 p	M.
			ty Hosp			A. STATE	Md.	00000000	B. COUNTY	Balti		
6. SI		7. RACE		8. MARR	ED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?		
	emale		ite	WIDOW	ED DIVORCED		adena		YES	1 <u>K</u>	10 🗆	
	pt.15,		10. AGE (In last birthday		If Under 1 Yr, II Under 24 Hrs. Manths, Days Haurs Min.		and number 20 Park La	ane	AA	5:	200)
K	eyser	w. v	a.		12. CITIZEN OF WHAT COUNTRY? TJSA	13. FATHER	lbert R.	Litt	en			
14A.L	JSUAL OCCU	PATION (GI	ve kind of work I	48. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME				
done	during mast of v Housev	warking lite, e: Vife	ven if refired)	Own	n Home	N	annie C.	Swai	n			
16. V	VAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? I7. SOCIAL SECURITY NO.	18. INFOR				DRESS		
(100)	No	No	ne		JECOKII IIO.	Ern	sto C.	Mello	n, Pasa	dena,	Md.	
- 1	9. = 7 /	2.0			CAUSE OF DEA					APP	ROXIMATE IN	
	(This does a heart fathure injury ar cas	LEADING To not mean the no, asthenia, et	made of dyl c. It means the tch caused deal	ng, e.g., disease,		CAUSE AS A CONSEC	UENCE OF:	iest ai	nd abdome	n		
NO.	RISE TO TH	OR CONDIT E ABOVE CA NG CONDIT	IONS, IF ANY, AUSE (A) STAT ION LAST.	GIVING ING THE	(c)	AS A CONSE	QUENCE OF:					
Ö	TO THE DE	ATH BUT NO	T RELATED TO THE RELA	HE TERMI	FOR WHICH OPERATION W	/AS PERFORM	NED .			21. AUTOP	SY? (Yes a	r Na)
¥ 2		NAL CAUSE			228. PLACE OF INJURY (e.g. hame, farm, factory, street, affi	, in or about	2C. WHERE DID	(If In Boltime	re City, give exac	t lacation)		
MED		USE OF DE			highway	(5)	Rt. 3 At		undel Cou	inty	52	00
	OF INJURY (APPROX.)	12-11-	71 12	:06 a	m. WHILE AT NO	T WHILE K	Driver in	auto-a	auto coll	ision		
			neld an In	promp			-		death in my	-		
	ACTUAL SIGNAT	. /	Matural cous	A	Accident & Suici		omicide L. CHIEF MEDICAL : STANT MEDICAL :	EXAMINER	ined monner L	-	DATE SIGN	1ED
	EXAMIN NAME (ssell S	. Fis	her, M.D.	ASSC	CIATE MEDICAL	EXAMINER		12	2-20-7	1
	BURIAL CRE		24B. DATE		24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tawn,	ar county)	(Stot	e)
_	urial		12/24/	771	Queen's Po				Keys	er, V	V. Va	
25A	EC 27	1971	Valence &	1 39 2	AME OF REGISTRAR	25C.	My W.	Haide	+ Sula	prille	MI	1
VS I	51-REV. 1/1/6	8		NYS	61:00		000	9	1	/		V



1	M-620 71 11912 BALTIMORE CITT HEALTH DEPARTMENT REG. NO. 71 11912
and eath ased the Such	BIRTH NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH 2, DATE AND HOUR OF DEATH
of deat Of deat Decease e on th	(Type of Print) MATY MATILDA MYETS Dec. 19,1971 1 30 MM.
spite of of of of of of of of of of of of of	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
da (5	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION BALTO C. CITY OR TOWN D. INSIDE CITY LIMITS? PART OF THE PROPERTY OF THE PROPERT
	BALTIMONE YES NO
outing ed cau ar att prior de.	513 McCABE AVE
trib min gul sed	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED DIVORCED OF BIRTH Oug 20,1875 9. AGE (In yeors last birthday) Months Days Hauts Min.
the et on	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ded Und us as	13. FATHER'S NAME
EE E E = 1	Withink B. WAUghtel Donot Know
istai he cind cind deat	15. Was Deceased Ever in U. S. Armed Faices? (Yes, no of unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT PHENE 513M & CODRESS Lise And And And And And And And And And And
s assiss any ki ced d ndanc or fin	18. 4/2.3 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also, i e of an nounce attend med or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE CAVOLIAI AVVEST 2 day
er. ctur oron	(This does not meon the mode of dying, e.g., healt foilule, asthenia, etc. It means the disease, injury or complication which caused death.)
amin min A fra ho egul	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
al exa (3) A an w in r	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C).
medical medical burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
> 0	TO THE DEATH BUT NOT RELATED TO THE TERMINAL V DISEASE OR CONDITION GIVEN IN PART 1 (A).
by a 2) Bod re the physic fore th	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
+ = 0 0 0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21B. PLACE OF INJURY (e.g., in ar obout lacetian) 21B. PLACE OF INJURY (e.g., in ar obout lacetian) 21B. PLACE OF INJURY (e.g., in ar obout lacetian) 21B. PLACE OF INJURY (e.g., in ar obout lacetian) 21B. PLACE OF INJURY (e.g., in ar obout lacetian) 21B. PLACE OF INJURY (e.g., in ar obout lacetian) 21B. PLACE OF INJURY (e.g., in ar obout lacetian)
by w	OF INJURY (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
rove ne h y ne y ne xce ind	(APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from /// 197/ 197/ 197/ 197/ 197/ 197/ 197/
10 1 (c)	that (1) (wa) lost sow the deceased alive on Dec. 18 19.7/ and that in (my) (aw) opinion death occurred on the date
eased tident of hospital	ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED
ccic to to	Attending A Med. Staff Director Dec. 19. 1971
was r was r An at prior	23C. PHYSICIAN'S NAME (Type) Carl F. Bonson reposes 5111 York Kd Back My 2/212
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	25A. DATE REC'D BY HEALTH DEPT. 25 NAME OF BISTRAR (25C. FINERAL DIRECTOR) ADDRESS ()
This the l show was dece	DEG 27 1800 Value Louis
	VS 150-REV. 1/1/6B



IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-500 71 11913 BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 71 11913
1. NAME OF DECEASED COHEN, JENNIE	F. Dec. 22/71 335 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decorded lived. If institution: residence before adrills sion) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	C. CITY OR TOWN D. INSIDE CITY LIMITS?
+2 SINAI HOSPITAL	E. STREET AND NUMBER NORTHERN PARKWAY
5. SEX TEMALE S. RACE WHITE MARRIED NIEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (in years last birthdoy) 78 If Under 1 %, If Under 24 Hrs. Months Days Hours Min.
done during most of working life, even it refired) AT HOME	MANCHESTER, ENGLAND 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
BERYL FLETCHER	ESTHER LESSER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) of yes, give war or dates of service) NO	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
18. 4/0. 9 1 CAUSE OF DEAT	ANTO-MEAN COLUMN AS OF THE PARTY.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DESPURATORY BEREST
(A) IMMEDIALE CAN	A CONSEQUENCE OF:
ANTECEDENT CAUSES ACUI	TE MICCARDIAL INFOCATION
DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION last.	A CONSEQUENCE OF:
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY 10.9. OR CONTRIBUTING CAUSE OF home, form, factory, street, or DEATH nosity medical examined etc.)	in or obout 21 G. WHERE DID (II in Bollimore City, give exact location) titice bidg. INJURY OCCURY
21D. TIME (Month) (Doy) (Year) (Hous) 21E, INJURY OCCURRED OF INJURY While At The Not While	21F. HOW DID INJURY OCCUR?
IAPPROXJ Work At Work	U 1 1
22. I certify that (1) (this hospital) attended the deceased from	7/ 19 19 19
that (i) (we) last saw the deceased olive on Dec. 22	19 and that in(my) (our) apinion death occurred an the date
and hour and fram the gauses stated above. (I) (We) (did) (did not) v	
F TULTO DEGREE Phy	ending Med. Shoff Dec 22(7)
23C. PHYSICIAN'S NAME ITYPE 2. PINTO	SINAI HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	
BURIAL 12-23-71 BETH YEHUDA ANSH	HE KURLAND BALTIMORE, MARYLAND
DFC 27 117 DEST. 258. NAME OF REGISTRAR	SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD
VS 150-REV. 1/1/68	

3932 W Walmern Paul willy LEATHER LETTERNOON

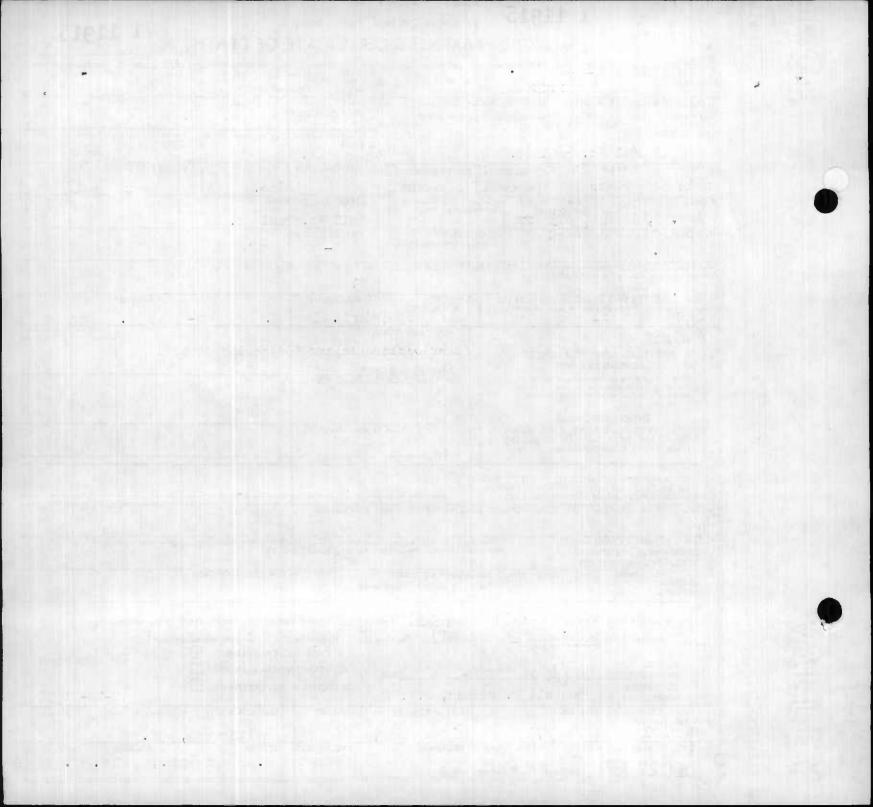
2 PATP

0 111 74 44644	BALTIMORE CITY	HEALTH DEPARTMENT	71 1	1914
V-410 71 11914	CERTIFICA	TE OF DEATH	REG. NO.	
I, NAME OF DECEASED		2. DATE ANI	D HOUR OF DEATH	
(Type or Print) ADA L. POLOVOY		DECEM	MBER 21, 1971	7:30 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	UN CED DEAD		deceased lived. If institution;	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSIDE CITY L	LIMITS?
3010 FALLSTAFF MANOR COURT,	APT. E	BALTIMORE E. STREET AND NUMBER	YES	но 🗌
00		3010 FALLSTA	AFF MANOR COURT.	APT. E
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	ost birthdoy) If Under	er I Yr. If Under 24 Hrs. Doys Hours Min.
FEMALE WHITE WIDOWED		MARCH 20, 1912	59	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreig	jn country) 12. CIT	IZEN OF WHAT COUNTRY
BOOKKEEPER CHARLE	ES CENTER	HARRISBURG, PH		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	
ALBERT L. FRIEDMAN		RAE SCU	RNICK	
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		APT. X E
NO		MR. MILTON POLO	OY, 3010 FALLST	AFF MANOR CT.
18. 4/12.3	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A) IMMEDIATE CAL		mullale	5 Minte
(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease,		A CONSEQUENCE OF:		
injury or complication which caused deoth.)				
ANTECEDENT CAUSES	(B)	Donou a.l	1- 14-000	thou
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF		
rise to the obove couse (A) stoting the UNDERLYING CONDITION tost.	(c)			/
11	(0/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	S CONSIDERED
X (1)				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ne, form, foctory, street, o	ffice bldg.,	(If in Boltimore City, giv	ve exoct location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.) Whi	ile At Not While			
			of the	2/ 102/
22. I certify that (I) (this haspital) attended to			9 06 to Sile	
that (i) (we) Last saw the deceased alive an	AC 2/	/ `	at in (my) (our) opinian dec	oth accurred an the date
and haur and fram the causes stated above. (I	l) (We) (did) (did -not) v	view the bady after death.		
23A. SIGNATURE				TE SIGNED
mer La Min	DEGREE Phy	anding Med. S. Director	Staff Phys.	De 22/971
23 C. PHYSICIANS NAME Appel		23D. ADDRESS		
JOSEPH GROSS	DEGREE	6911 PAI	RK HEIGHTS AVENU	E
24A. BURIAL REMATION, 24B. DATE 24C.N.	AME of CEMETERY OF CR	EMATORY 24D. LC	CATION (City, town,	or county) (State)
	Z CHAIM	I	BALTIMORE, MARYL	AND
	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
DEC 27 1971 Pale & Ja	Ren DED	SOL LEVINSON	& BROS.,6010 REI	STERSTOWN ROAD
VS 150-REV. 1/1/68		11 11 11 11		

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ALE MODERATOR OF THE LAND SERVICE AND ALE

NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
E	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		no
EDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exort home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	rt location)
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT WORK AT WORK	
	23. I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my	
	resulted from: Natural causes Accident Sulcide Homicide Undetermined manner	
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Type) Russell S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER L	12-20-71
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Iown, MOVAL (Specify) 24D. LOCATION (City, Iown, Moval (Specify) Burial 12/22/71 Moreland Cem, Baltimore, Md.	, or county) (State)
25	7 / 1 1 2 2 2 3 3 3 3 3 3 3	DDRESS
	DEC 27 1971 Ruck Enc., E	Balto.Md. 21214
VS	151-REV. 1/1/68	



-	O 2/ 1/1 11916 BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. Alfred CERTIFICATE OF DEATH REG. NO. 71 11916
	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH
1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
ı	A. STATE B. COUNTY
ŀ	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?
H	Sivai Hospina Of galn'were Baltimore YES NORT
	Befordere Au, at Green pron E. STREET AND NUMBER ROSINE * 27
	5. SEX OCUCANOM NEVER MARRIED NEVER MARRIED 18. DATE OF BIRTH 13 07 North Nort
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or larging country) 12. CITIZEN OF WHAT COUNTRY?
ı	refired from? Warehouseman USA
ı	John Peters 14. MOTHER'S MAIDEN NAME
	IE Was David E. A. D. C. C. C. C. C. C. C. C. C. C. C. C. C.
	Yes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) Yes W.W.2 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Mildred C. (Henneman) Peters same
l	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH SETT C Shock C BETWEEN ONSET AND DEATH
I	LEADING TO DEATH
ı	IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,
I	Injury or complication which caused death.) ruptured awer hauth 3
Ĭ	ANTECEDENT CAUSES (B) 12 hich happened
i	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the LINDERLYING CONDITION (A) stoling the
ı	UNDERLYING CONDITION last. (c).
ı	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT
ı	TO THE DEATH BUT NOT RELATED TO THE TERMINAL JOSEPH OF CONDITION GIVEN IN PART I (A).
	192. Date of Operation 198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH 198. CONDITION FOR WHICH 198. CONDITIO
ı	1216 PEACE OF INJURY (e.g., in or obout 2) C. WHERE DID
ı	DEATH Inolity medicol exomined etc.)
ш	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
1	(APPROX.) Work At Work
ı	22. I certify that (I) (this hospital) attended the deceased from 12 / 16 19 11 to 12 / 21
ı	that (1) (we) last sow the deceosed office on 12/21 19 17/ and that in (my) (our) opinion death occurred on the date
1	and hour and fram the causes stated above. (1) (We) (did) (did not) view the bady ofter death.
۱	Attending Med. Staff 7
	23C. PHYSICIAN'S NAME (Type). H. LEVELY UP 23D. ADDRESS POLICY HOSP & PARTY OF PROPERTY OF PARTY OF PROPERTY OF PARTY OF PROPERTY OF PARTY
2	24A. BURIAL CREMATION, 124B. DATE 124C NAME of CENASTERY
	Burial 12/24/71 Loudon Park Bal to Md.
2	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	DEC 27 1971 Value 4. Value A.D. Leonard J. Ruck Inc. Balto. Md.
٧	/S 150-REV. 1/1/68

1	-540	74 4464		HEALTH DEPARTMENT	REG. NO	71 11917			
BIR	TH NO.	71 1191	CERTIFICA						
	e or Print)	er J K	27.7		D HOUR OF DEATH	. 01			
3. 1	LACE IN BALTIMORE		PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	M22/7/	titution; residence before admission)			
		The state of the s		A. STATE B. COUNT	TY	The residence before dumissions			
FUI	SMIAL OR ADI	OT IN HOSPITAL OF	INSTITUTION, GIVE STREET	Md		0/ 6/			
INS	TITUTION			C. CITY OR TOWN		E CITY LIMITS?			
	200 200 7	607 0	01 2 1	Baltimore E. STREET AND NUMBER		YES NO NO			
		OU/ Somme	rfield Ave		7 1				
5. S	EX 6. RACE	7. 44		5607 Sommerfi	AGE (In years				
	Male Ca	uc wit	ARRIED NEVER MARRIED DIVORCED DIVORCED	June 16,1910	ost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
done	USUAL OCCUPATION (during most of working life	Give kind of wark 10B, I	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	n country!	12. CITIZEN OF WHAT COUNTRY?			
			eth. Steel Co	Maryland		II.S.A.			
13. [ATHER'S NAME	- 1 1 0 0 0 1 E	COIL DUCET OO	14. MOTHER'S MAIDEN NAM	NE .	U.S.A.			
	Joseph Kne	11		T.T. 2.1 2					
15. V	Ver Deceased Ever in 1	S Amed Farage?	1 6. SOCIAL	Wilhelmina 17. INFORMANT	Miller	ADDRESS			
(Yes	no of Unknown) (If yes, g	ive wor or dates of s	SECURITY NO.			ADDRESS			
	No		213-05-635		Knell	Same			
	1B. 162.1	1	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		NOTION DIRECTL	1	0	11				
	This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE COLUMNA JAMA DUE TO, OR AS A CONSEQUENCE OF:								
	heort failure, asthenia,	elc. Il means the d	sease,	A CONSEQUENCE OF:	U				
	injury ar camplication which caused death.)								
	ANTECEDENT CAUSES (B)								
	DISEASES OR CONDITIONS, if any, giving pue 10, or AS A CONSEQUENCE OF:								
	UNDERLYING CONDI		(C)						
	179-1	11							
Ö	OTHER SIGNIFICANT CO TO THE DEATH BUT NO	NDITIONS CONTRIB	TING						
AT	DISEASE OR CONDITION	GIVEN IN PART 1 (A)	***************************************	*****************************	***************************************	***************************************			
CERTIFICATION	IVA. DATE OF OPERATION	WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 % IF YES, WERE FIT	NDINGS CONSIDERED			
ER	21A. ACCIDENT WAS L	INDERIVING T	1010 01 400 05 1111111111111111111111111						
	OR CONTRIBUTING CO	CAUSE OF -	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(II In Boltimore	City, give exoct location)			
MEDICAL	21D.TIME (Month)	(Doyl (Year) (Hou	1 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
٤	OF INJURY (APPROX.)		While At Work At Work	•					
	22. I certify that (1) (this hospital) atte	nded the deceased from	April 19	69	12/2)-10 1/			
	that (1) (we) last saw		/ .	2,1	t In(my) (aur) apini	an death accurred an the date			
	and hour and from the	causes stated ab	ove. (1) (We) (did) (did nat) v	lew the bady after death.					
	3A. SIGNATURE				2	3 B. DATE SIGNED			
	V le	luera V	.// I Db	nding Med. S	haff hys.	12/22/71			
	PHYSICIAN'S NAME Type		OE GREET	23D. ADDRESS	1	1 - / //			
	1	r John J.	Cameron	1012 Old	Month De:				
24A.	BURIAL CREMATION.	24B. DATE	24C. NAME of CEMETERY OF CRE		North Poi	nt Ra. town, or county) (Stotel			
	Burial	12/21/21		711					
	DATE REC'D BY HEAL	12/24/71 TH DEPT. 258. N	Gardens Of Fa	ith B.	altimore,	Maryland			
ſ	FC 27 1971		Ben MD.		and I De-	ADDKESS			
VS 1	50-REV. 1/1/6R	2-0-0- 40		T COTTO	ard J. Ruc	K, Inc pay			

, m Sm . e.e./

IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and occurred in This certificate must be approved by the chief medical examiner or his assistant if death 25A. DATE REC'D BY HEALTH DEPT

11 - 14040	FE OF DEATH REG. NO. 71 11918								
CERTIFICAT	E OF DEATH								
BIRTH 140.									
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH								
Ely GETTUDE E.	12/21/71								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY								
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 2768								
[[institution]	C. CITY OR FOWN D. INSIDE CITY LIMITS?								
The Good Samaritan Hospital	Baltimore YES Y NO								
	E. STREET AND NUMBER								
Baltimore Maryland 21239	1025 East Lake Avenue - 21239.								
MAKKIED MEVER MARRIED	DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.								
	2-5-1912 59								
done during most of working life, even if refired)	1. BIRTHPLACE (State or toreign country) 12. CITIZEN OF WHAT COUNTRY?								
Housewife	Penna U.S.A.								
	4. MOTHER'S MAIDEN NAME								
David K Ebersole	Gertrude Reed								
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17 17 17 17 17 17 17 1	7. INFORMANT ADDRESS								
II NO	Mr Harry L Ely Same								
II 100 / 7 / X SIL 5 7/. CAUSE OF DEATH	APPROXIMATE INTERVAL								
DISEASE OR CONDITION DIRECTLY	BEPATINS (AU AG+) & BETWEEN ONSET AND DEATH								
(A)MMEDIATE CAUSE									
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	CONSEQUENCE OF:								
	INSUFFICIENCY, CONA, + OI 8 Dec								
ANTECEDENT CAUSES (B)	100 000 000 000000000000000000000000000								
DISEASES OR CONDITIONS, if any, giving ise to the abave cause (A) stating the	CONSEQUENCE OF:								
UNDERLYING CONDITION last. (C)									
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ALCOHOLIC	C CIRRHOSIS								
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
The state of the s	or obout 21 C. WHERE DID								
A DEATH inetily medical examined	e bidg., INJURY OCCUR? (If in Boltimore City, give exect locotton)								
	215 HOW BID INJURY COMP								
21D. TIME (Month) (Doyl (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While F	21F. HOW DID INJURY OCCUR?								
Work LJ At Work L									
	22. I certify that (I) (this hospital) attended the deceased fram 12/14 19 7/ ta 2/2/ 19 7/								
	that (1) (we) last saw the deceased alive on 12/21 19 71 and that in(my) (aur) opinion death accurred on the date								
and haur and from the causes stated above. (I) (We) (did) (did not) view	w the bady after death.								
23A, SIGNATURE	23B. DATE SIGNED								
Attending Appendix Attending Phys.	Med. Staff Staff								
	D. ADDRESS								
DEGREE									
REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMA	ATORY 24D. LOCATION (City, town, or county) (Stotel								
Burial 12/24/71 Philadelphia Mer	m Pk Malvern, Penna								

258. NAME OF REGISTRAR

VS 150-REV. 1/1/68

25C. FUNERAL DIRECTOR

Leonard J. Ruck Inc. Baltimore, Md 2 2

71 11919 BALTIMORE CITY HE CERTIFICATE

BALTIMORE CITY HEALTH DEPARTMENT

REG. No.71 11919

BIRTH NO.	CERTIFIC	ATE OF DEATH	KEG. 140.	41,010
1. NAME OF DECEASED	44 57 /	2. DATE AN	D HOUR OF DEATH	
Kobept /	1. lownslex	De	c. 21, 1971	111:300
3. PLACE IN BALTIMORE, MARYL	AND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived, if institu	ution: residence before admission
FULL NAME OF (IF NOT IN ADDRESS O	HOSPITAL OR INSTITUTION, GIVE STREET	Md.		2004
INSTITUTION PLANTES	seneral Hospital	C, CITY OR TOWN	D. INSIDE	CITY LIMITS?
NORTH CHARles G	seneral truspiral	BALTO	YI	NO 🗌
of 1		2573 W. BAI	Thomas ST	4.
5. SEX 6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	AGE (in years	Under 1 Yr. If Under 24 Hrs.
MW	WIDOWED DIVORCED	1 2/20/1903 1	08	lonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kindone during most of working life, even if		Y 11. BIRTHPLACE State or forei	gn country)	2. CITIZEN OF WHAT COUNTRY
Retired	DAIRY POCK DRIVE	MODVIDA	d	U.S.A.
13. FATHER'S NAME	TODAY ALCONOMIC	14. MOTHER'S MAIDEN NAM	AE /	U.S.H.
GREER M. Town	aslow (D)	Lolon Du	ionty in	
15. Was Deceased Ever In U. S. An (Yes, no or unknown) (If yes, give was	med Forces? 116. SOCIAL	17. INFORMANT	ERTY (V	ADDRESS
A / Nest, give was	ar dales at service) SECURITY NO.	d	0,000	WDDKC33
18. / / 4	2/5/02/3	Joseph M. You	VM3169 3735	Joppa "d.
DISEASE OR CONDITI	CAUSE OF DEA	in		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO E	DEATH	MOTERA	in CA	P
(This does not mean the m	ode of dying, e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF:	(C) (1-	Many
heart failure, astheria, etc. It injury at complication which		THE STATE OF		
ANTECEDENT C		MILLION OF 111	426	- worths
DISEASES OR CONDITION	S, if ony, giving DUE TO, OR A	ANUAL OF LUSS A CONSEQUENCE OF:	70 01	
inse to the above cause UNDERLYING CONDITION I	s (A) Siding the			
THE CONTINUE OF PARTIES	dst. (C)			
O OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE OUT THE DEATH BU	TO THE TERMINAL			
	B. CONDITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No.)]	208 IE VEC WERE FINE	WALCO CONCIDENCE
E O	AS PERFORMED		IN CERTIFYING CAUSES	OF DEATH?
OR CONTRIBUTING TICALIST	YING 218 PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(il in Boltimore Cli	y, give exact location)
DEATH (natify medical examined	hame, form, factory, street,	office bidg., INJURY OCCUR?	•	
21D. TIME (Manth) (Day)	(Year) (Haur) 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While AI Nel Whi	le 🖂	11 - GOOK.	
22. I contifu that /IV/abta ba	Wark Al Work			
	eceased olive on 2	/ 7 /	7/ to	2/2/19/1
		ond tho	in (my) (aur) apinion	death occurred on the date
23A. SIGNATURE	stated above. (i) (We) (did) (did not)	view the body ofter deoth.		
23A SIGNATURE	neand)			DATE SIGNED
22C BUYCICIAARC	DEGREE Phy		haff hys.	12/21/71
23C. PHYSICIAN'S NAME (Type)	DER ACIDIT	23D. ADDRESS	<u> </u>	
	DEGREE	NONTH	CHANCE	I GEN HOPP.
AA. BURIAL CREMATION, 248. D.	24C, NAME of CEMETERY of CR	EMATORY 24D. LO	CATION (City, to	wn, or county) (State)
Burial 12/	24/71 St. John's L	utheran Pani	kville, Md.	
5A. DATE RECTO BY HEACTH DEP	25B. HAME OF BEGISTRAR	25C. FUNERAL DIRECTOR	kville, Md.	ADDRESS
LUNG 1954		Leonard J.	hick Ina B	-74
'S 150-REV. 1/1/68			THE P	alto "d

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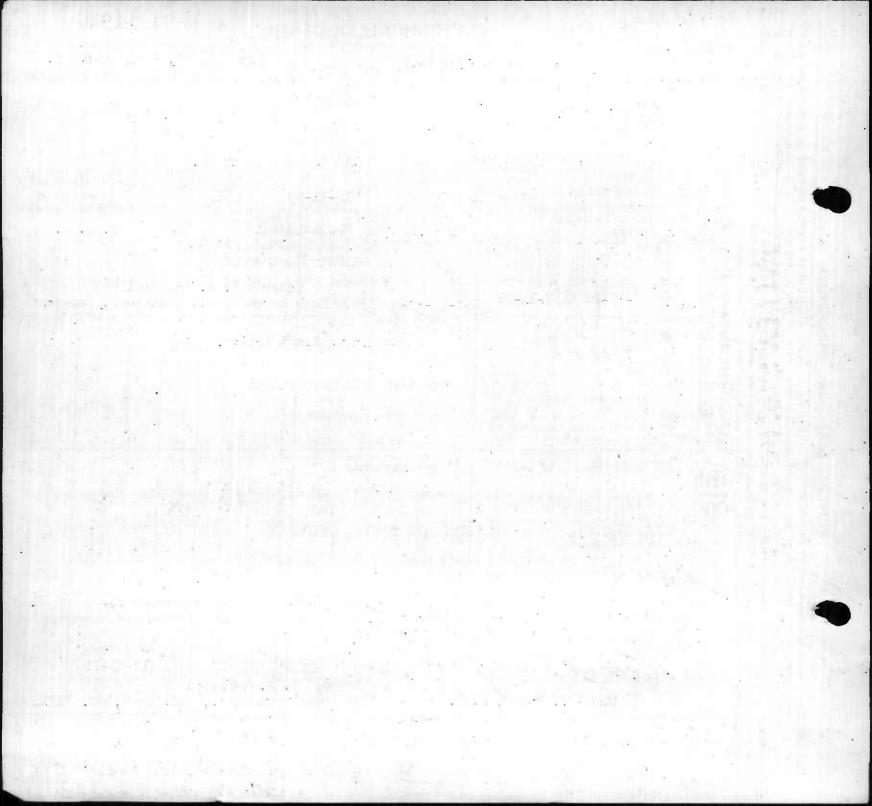
1	1	1-23	0		BALTIMORE CIT	Y HEALT	H DEPARTMENT		nd 44	020
ptpet.		TH NO.	71 11920		CERTIFICA	ATE C			71 11	yeu
death death ceased on the	1. NAME OF DECEMBER 1971, CHARLES HAVILAND 2. DATE AND HOUR OF DEATH December 23, 1971, 4:45 A									
to Do	3. 1	PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USU A. STA			n stitution: resid	lence before admission)
l in a ng cause; cause; attend ior to	FU HO IN S	133	of Not IN Hospit Address or Loc. Teterans Admin 1900 Loch Rave Baltimore, Mar	nistrati n Boule	vard	Maryland Baltimore C. CITY OR TOWN Baltimore E. STREET AND NUMBER 126 South Shroder St.				
tributi mined gular sed pr	S. S		6. RACE Caucasian		NEVER MARRIED	8. DATE	OF BIRTH 9	AGE (In years ast birthday)	If Under 1 Manths Da	Yr. If Under 24 Hrs.
oath oc ndetern in re deceasi	dan		UPATION (Give kind of world working life, even if retired)			11. BIRT				OF WHAT COUNTRY?
rect or c (4) Undet was in the dec	13.	FATHER'S NA	ME			1	Her's MAIDEN NAM			
ssistant the di kind; death nce on final di	15. Y	Was Decease , no or unknow OS	d Ever in U. S. Armed Fan	-14-21	16. SOCIAL SECURITY NO. 081-05-6959		RMANT Record			
tal examiner or his as a examiner. Also, if it is (3) A fracture of any ian who pronounced in regular attendains are embalmed or		(This does heart failure injury ar ca DISEASES rise ta tl	INSE OR CONDITION DI LEADING TO DEATH not mean the mode of , asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne obave cause (A) IG CONDITION last.	dying, e.g., the diseose, death.)	(A) IMMEDIATE CADULTO, OR AS Question	gesti use A CONSE pulm	onary embol:	••••••		APPROXIMATE INTERVAL WEEN ONSET AND DEATH
chief medic a medicc Body burns the physic ysician wa	RTIFICATION	TO THE DEA	II IFICANT CONDITIONS CO ITH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER	HE TERMINAL RT 1 (A). IDITION FOR	Hyperks		AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CO	>NSIDERED
tal by a second tall by a second tall by a second tall by a second tall before the before the second tall before tall before tall tall tall tall tall tall tall tal	AL CER	OR CONTRIB	ENT WAS UNDERLYING [UTING CAUSE OF y medicol exominer)	21E hon etc.	B. PLACE OF INJURY (e.g., ne, farm, foctory, street,	in ar abau office bldg.	121C. WHERE DID		ore City, give e	
ature pt w (6) f	MEDIC	21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)		LINJURY OCCURRED hite At Nat Whork At Work	ile 🔲	21F. HOW DID INJU	JRY OCCUR?		
eased to the ident of any ident of any nospital (ex. death); any must be obt		than(A) (we	y that (1) (this hospita) lost saw the deceose and fram the causes sta URE	ed alive an	December 2	131	bady after death.	9 71 to Decinition (No.) (aur) ap		occurred an the date
certificate m sody was rel rs: (1) An acc D.O.A. at a l assed prior to	24	23C. PHYSICI	Kameel F.		M. D. DEGREE	3900	Loch Raven	Hospital Blvd., Bal		
This certif the body shows: (1) was D.O./ deceased	254	REMAT	EMATION, 24B. DATE (Specify) ON 12-24- DEC 27 197	24C.N -7/ L 258 NAME 12666	OV DON	7	1		D.	ADDRESS AVE.

VS 150-REV. 1/1/68

NDINGS CONSIDERED City, give exact location) ber 23, ...19....71..... an death occurred an the date 3B, DATE SIGNED 12-23-71 V. A. Hospital 23D. ADDRESS 3900 Loch Raven Blvd., Baltimore, Md. 21218 DEGREE PALTO. MD

25C. FUNERAL DIRECTOR

CON. (City, town, or county)



hospital

Cause

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W as

death

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(2) Body

any nature;

hospital

the body was released to the

An accident of hospital

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was D.O.A.

shows:

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any

fracture of

(4) Undetermined cause; (5)

contributing

direct

occurred

E-53271 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH of death
of death
Deceased
ce on the BIRTH NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) eath. 3) PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. USUAL RESIDENCE IWhere deceased lived. If institutions residence before FULL NAME OF HOSPITAL OR INSTITUTION IF NOT IN HOSPITAL OR INSTITUTION, CLYE STREET ADDRESS OR LOCATION! 0 C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 YES prior E. STREET AND NUMBER / mad % AGE IIn If Under 1 Yr. Months! Doys 5. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED deceased last birthdoy WIDOWED X DIVORCED disposition is 10A USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) th. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HO 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 7. INFORMANT 6. SOCIAL or final SECURITY NO. attendance CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES GLO DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if eny, to the above cause (A) stating the E UNDERLYING CONDITION last before the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL No physician DISEASE OR CONDITION GIVEN IN PART 1 (A). 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No) (If In Boltimore City, give exoct location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY le.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examined tho obtained 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 9 OF INJURY Not While While At LAPPROXI Work 40 At Work and up 22. I cartify that (i) (this hospital) attended the deceased from 20 death); and that In(my) (our) opinion death occurred on the date pe that (i) (we)-last sow the deceased alive on. must ond hour and from the cousas stated abova. (I) (We)-(did) (did-not) viaw the body after death. 238, DATE SIGNED 23A. SIGNATURE Attending M.D Med. 10 Director approval Phys. Phys. DEGREE 23C. PHYSICIAN'S NAME IType 23D. ADDRESS prior Ballinus OFGREE deceased | 24A. BURIAL CREMATION, 248. DATE CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) HEALTH DEPT. PARAME OF 25G FUNERAL DIRECTOR VS 150-REV. 1/1/68

40

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

C

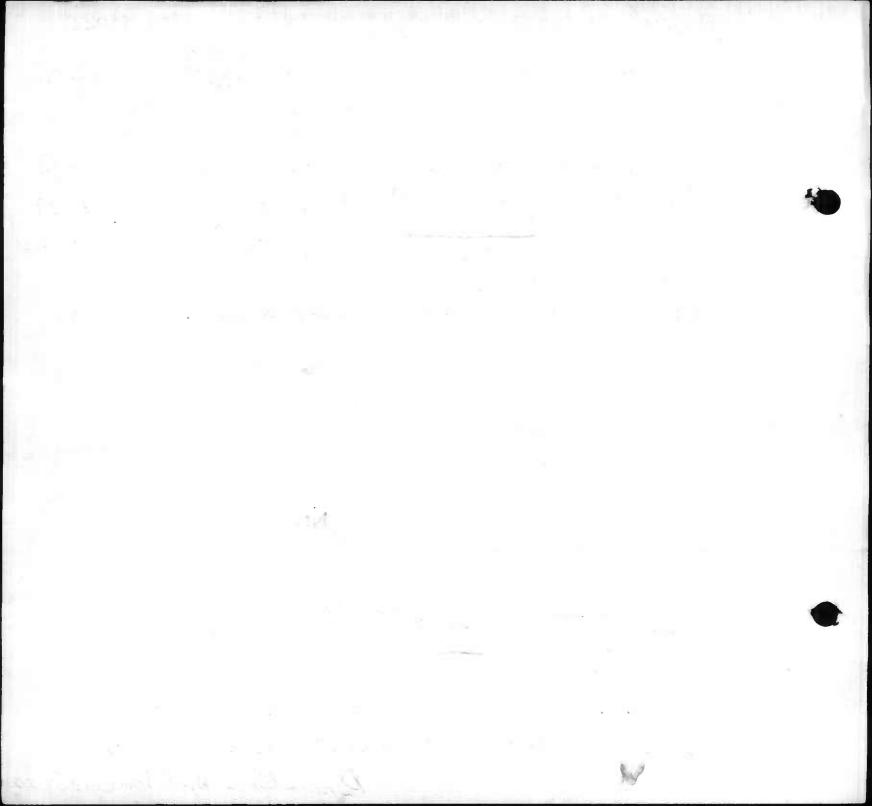
(State)

If Under 24 Hrs.

1/17/72 - Correction form from funeral director.

l and death eased n the Such	
This certificate must be approved by the chief medical examiner or his assistant if death of forced in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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This certificate must be approved by the chief medical examiner or his assistant if death orderred the body was released to the hospital by a medical examiner. Also, if the direct or contributi shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.	
This the sho was	

11	M-620 71 11922	BALTIMORE CITY	HEALTH DEPARTMEN	т	71 11922
ВІ	IRTH NO. 71-2/186	CERTIFICA	TE OF DEAT	H REG. NO	17 113cc
	NAME OF DECEASED AND A CONTROL OF THE PROPERTY OF THE PROPERT		2. DAT	E AND HOUR OF DEATH	1 12 15
3,	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (A. STATE B. C	Where deceased lived, II in	stitution: residence before odmission)
- II H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	MARYLAND C.EITY OR TOWN	-	604
"	иоп ит те		SALTO	D. INSI	YES NO
	Church Home & Hosp	TAL	E. STREET AND NUMBER	BALTIONORE	1 = 1001
5.	/	CK INDAKKIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
10.	A. U SUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSIN	DIVORCED	11. BIRTHPLACE IState of	2-71 foreign eountry)	12. CITIZEN OF WHAT COUNTRY?
	NON E		Maryla	nd	United States
13.	FATHER'S NAME	0 -	14. MOTHER'S MAIDEN	1	
15.	Was Deceased Ever in U. S. Armed Forces? 12. SO	RS	LINGA (DIANE 3	
(Y e	es, no ar unknown) (If yes, give wor ar dotes af service)	CURITY NO.		3.03 (ADDRESS
-		AUSE OF DEATH		ers 1716 E. E	Baltimore Street
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Immatu	rit,	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUS	SE CONSEQUENCE OF:		***************************************
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Parana	7	+ Delivero	
	ANTECEDENT CAUSES			* Decery	
	rise to the above cause (A) stating the	(c)	A CONSEQUENCE OF:	0	
		(-/			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	18840+6++++++++++++++++++++++++++++++++++	P# 44844		
ERTIFIC/		OPERATION	20A. AUTOPSY? (Yes o	No) 208. IF YES, WERE F	INDINGS CONSIDERED
CERT	21A. ACCIDENT WAS UNDERLYING 21B. PLACE	05 https:// '-	No		
CAL	DEATH (notify medical exominer) home, farm, etc.)	tactory, street, affi	or about 21 C. WHERE DI	D (If In Boltimore	B City, give exoct lacation)
MEDI	(OF INJOK)	YOCCURRED	1	INJURY OCCUR?	
~	(APPROX)	Not While			
22. f certify that (f) (this hospital) ottended the deceased fram 12-22 19 7/ to 12-22 19 7					
	that (1) (we) last saw the deceased olive an		197/and	d that in (my) (aur) opin	nion deoth occurred on the date
ond haur ond from the causes stated obove. (i) (We) (did) (did not) view the bady after death.					23B, DATE SIGNED
	Dacks - Consus	Atten Phys.	ding Med.	Staff Phys.	12/23/71
	23C. PHYSICIAN'S NAME IType)	DEGREE	3D. ADDRESS	- 111730	
	Dr. T. Canizares	DEGREE		me and Hospit	al
24	REMOVAL (Speelly)	CEMETERY of CREA		LOCATION ICI	y, town, or eounty) 1Stote)
25		TILLE CE	SMETERY	YORK VILLI	e OHIO
	DEC 27 1911 Jan 14 14 14 14 14 14 14 14 14 14 14 14 14		DIPPOL	BROS. ADD.	E LOM 134-DST ZE
VS	150-REV. 1/1/68		111		

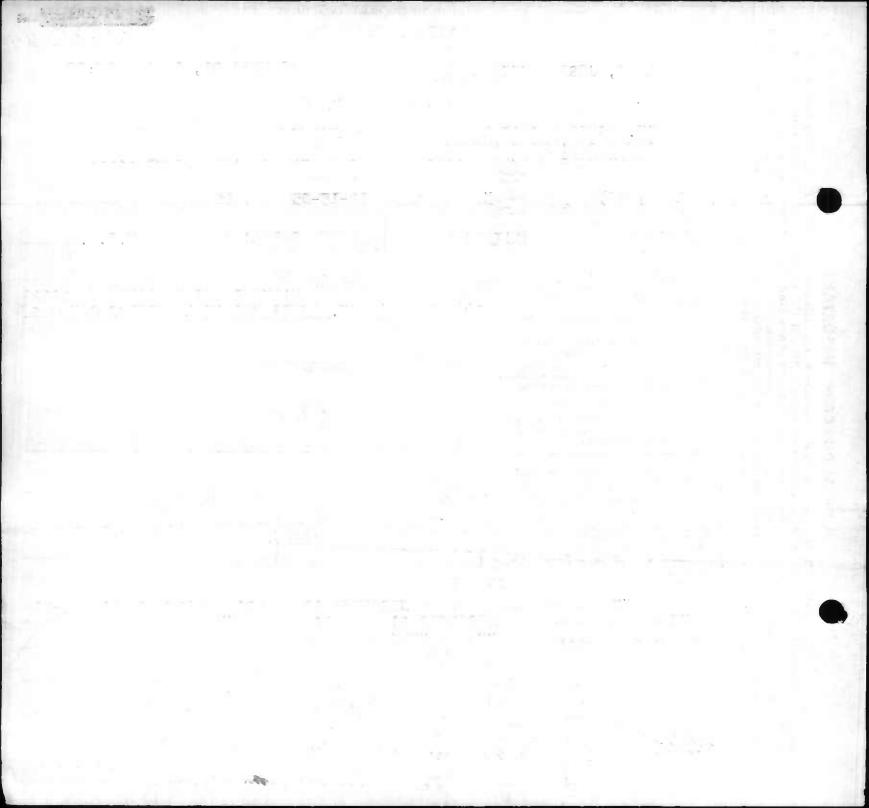


4/56 71 11923 BALTIMORE CITY HE	TIA.	11923
MEDICAL EXAMINER'S	LEKTIFICATE OF DEATH REG. NO.	11850
I. NAME OF DECEASED	2. DATE Known A Manth Day, Yeg	r Hnur
(Type or Print) John Heifner (OR) HE ENER JR	OF 5	1 6.30 a
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Yea	1110
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 24 71	6:30 a _A
Church Home & Hospital	S. USUAL RESIDENCE (Where deceased lived. If Institution: resider A. STATE B. COUNTY Md.	D636
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CILY OR TOWN D. INSIDE CITY LIMIT	5?
male White widowed Divorced	BALTIMOTE VESTE	NO 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	6226 Caport Way	
11. BIRTHPLACE(State or lareign country) 12. CITIZEN OF WHAT COUNTRY)	John H HEFN	0 -
114A.USDAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY		21
dane during most of working life, even liretired)	1/	
GASOLINE STAL OPERATOR	HATEL 118. INFORMANT ADDRESS	
17. SOCIAL (Yes, no or hinknown) (If yes, give war ar dates of service)	LINDA HEFNES ZIM	1 R
100 318-44-6982		APPROXIMATE INTERVAL
19. E / 6 6 X 1 CAUSE OF DEA		SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Sta	bwounds & gunshot wounds of chest	
	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS A CONSEQUENCE OF:	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION (20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AL	JTOPSY? (Yes ar Na)
		res
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (0.0.,	in or about 22C. WHERE DID (it in Baltimore City, give exact location	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Haur) 22E, INJURY OCCURRED	te bldg., etc.) INJURY OCCUR?	The Part of the Pa
(APPROX.) 12 unit. 24 71 unit m. WHILE AT IN NOT	Subject stabbed and shot by assailant	
23.	stopsy and that on this basis, death in my opinion	
resulted from: Notural causes Accident Suicid		
resulted from: Nototal Eduses/ J Accident 1 301616	CHIEF MEDICAL EXAMINER	
ACTUAL X (46 // 1 TALL)	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	12/24/71
NAME (Type) 24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or cou	inty) (State)
REMOVAL (Specify) DEC 28 1971 NT CARME	I CEMETERY RASTIMANIE	PHICKLAND
25A. DATE REC'D BY HEALTH DEPT. 25E NAME OF STRAR	25C. FUNERAL DIRECTOR ADDRESS	707-41/4
DEC 27 1971 Valley 4.	DAPPEL BROSING 1800 F.	LOMBA
VS 151-REV. 1/1/68		1/

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

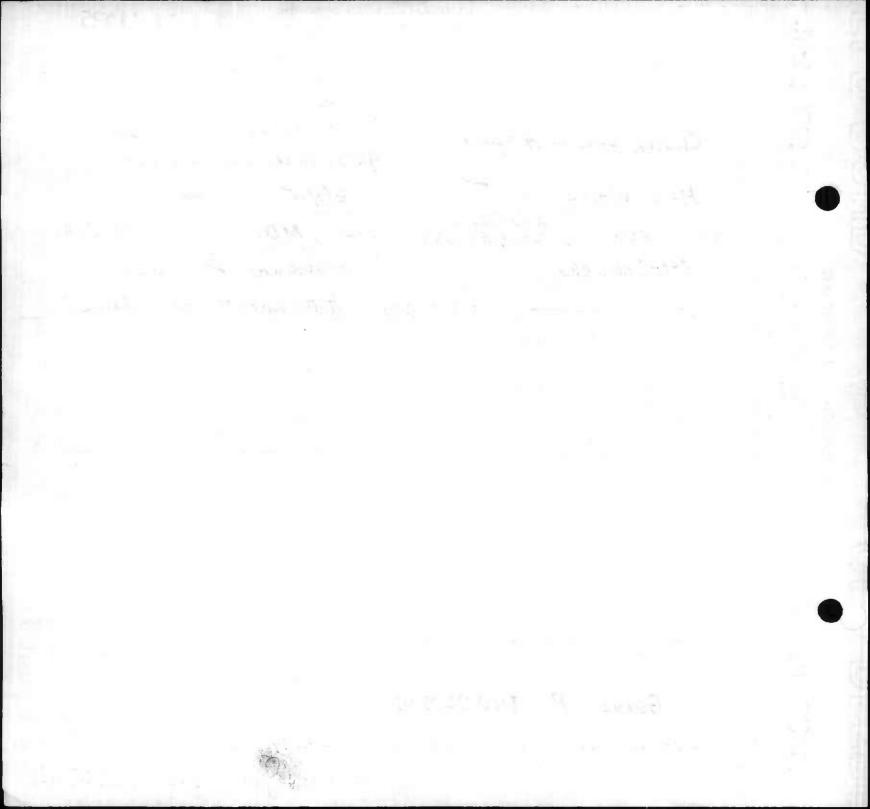
			ORE CITY	HEALTH DEPA	RTMENT		9					
71 111929			CERT	IFICA	TE OF DI	EATH	REG.	NO	11	11001		
	H NO.	EASED							D HOUR OF	DEATH	11-	11927
(Тур	e or Print)	ONG.	IOSEPH	1 PET	ED			DECEM	IBER 2	1. 1971	1 10	: 30 A M.
3, 1	LACE IN BAL				OUNCED DEAD		4. USUAL RESID		re deceased l		nt residence	before admission)
FILE	L NAME OF	UF NOT I	N HOSPITAL	OR INST	TUTION, GIVE S	TREET	MARYLAI				2	006
HO	SPITAL OR	ADDRESS	OR LOCAT	ION)		INEE!	C. CITY OR TOW			D. INSIDE CI	TY LIMITS?	
	1 2 5	ST. AGN					BALTI			YE\$		10 🗌
1	-10 C				VENUE		E. STREET AND	NUMBER				
	,			1ARYL					RNICE	AVENUE		9
5. \$		6. RACE		MARRIE	NEVER MA	RRIED	& DATE OF BIRT		9. AGE (In y lost birthdoy)	ears II t	Inder 1 You	Il Under 24 Hrs. louis Min.
	MALE	NEGRO		MIDOWE	and the same of th		12-15-		66			1
	USUAL OCCU			OB, KIND	F BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(State or fore	ign country)	12.	CITIZEN OF V	VHAT COUNTRY?
	JANIT			JANI"	TORIAL		NORT	+ CARC	LINA		U.S.A	1
13.	ATHER'S NAM	ME ,	,				14. MOTHER'S	MAJDEN NA	ME			
	MINK	NOW K	V.23				LIN	HNOV	VN			
15.	Wes Decoased	Ever in U. S.	Armed Force	of service	1 6- SOCIAL SECURITY	NO	17. INFORMANT	WILK	ENC AL	/ENUE B	ADDRES	
	NO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	41 4017100	244 07	- 0 - 0	L ST /	GNES				4D 21229
	18. 27 2	29				OF DEAT		-011123	11031	I'L NEO	APPROX	MATE INTERVAL
	DISEAS	E OF COND	TION DIRE	CTLY			6.0	. 17	0			ONSET AND DEATH
		LEADING TO	DEATH		CASIMM	EDIATE CAU	ISE Gran	0- /cu	langua	y Wir	456 .	
		ot mean the asthenia, etc.			DHE		A CONSEQUENCE	OF:				
	injury or complication which caused death.)					for		٨	(vien	dent		
		ANTECEDENT	CAUSES		(B)	any		cular	940	acu		
		R CONDITIO			3	2)	A CONSEQUENC					
		CONDITION		nonud tu	(c)	Mossili.	u ture	sur Cosr	, of C	iribial V	treti.	
		- 11					0.0					
ON		CANTCONDI				Bible.	Seplice	uno (Chilica	Cydride	e ouly	
A	DISEASE OR C	H BUT NOT REI ONDITION GIV	EN IN PART	1 (A).	-		1204 441222	wa IV N	N 200 LE VE	e Went Evin	NGS CONSID	5050
CERTIFICATION	19A-DATE OF	OPERATION	WAS PERFO	SEMED	WHICH OPERA	IION	20A. AUTOPS		IN CERTIF	S. WERE FINDI	OF DEATH?	PERED
GE	21A ACCIDE	T WAS UND	ERLYINO	12	& FLACE OF IN	IURY (e.g., i	o of chant 21C. W	HERE DID	AE.	n Boltimore City	give exoct lo	cation)
1	21A. ACCIDER OR CONTRIBU	TING CAU	SE OF	h	ome, form, factor,	, street, o	lice bldg. INJUR	CCUR	95.			
MEDICAL	21D.TIME	(Month) (Do			E INJURY OCC	I BOED	215 84	OW DID IN	IURY OCCUI	17		
MEC	OF INJURY	(Month) (Do	y, treas		/hile At	Not Whil	• 🗆	ON DID IN.	OKI OCCO			
	(APPROX.)			٧	/ork	At Work	1					
							EMBER 1					19_71
that XIX(we) lost saw the deceased alive an DECEMBER 21 19 71 and t								•	(aur) opinion	death accur	red on the date	
			uses state	4		dkdXnX+X v	lew the bady a	ifter death.				
	23A. SIGNATU	JRE		1160	V NI	5 ·]				23 B.	DATE SIGNE	97
			7	5		Phy	ending D	led.	Stoff Phys.		13 1	
	23C. PHTSICIA NAME (T	(N'S	- 0				23D. ADDRESS				4	
		5	UROOI	RA	LAM M	DEGGEE	CATOI	W 4	WIL	Kens	46	12
24A. BURIAL CREMATION, 24B. DATE , 24C. NAME of CEMETERT of CREMATORY 24D. LOCATION (Gith was or county) (State)								(State)				
1	burred	/	2/24/	10/7	117 111	NUM	m /10m	m	Salla	4/11	,	
25A. DATE REC'D BY HEALTH DEPT. / 258 NAME OF REDISTRAR 256. THE STATE DIRECTOR ADDRESS								RESS				
		DEC 27	19/1	Vasey	8 E. Jabe	Act.	THEY	WILL YA	welld	Haul	3194	LEHNGCALAS
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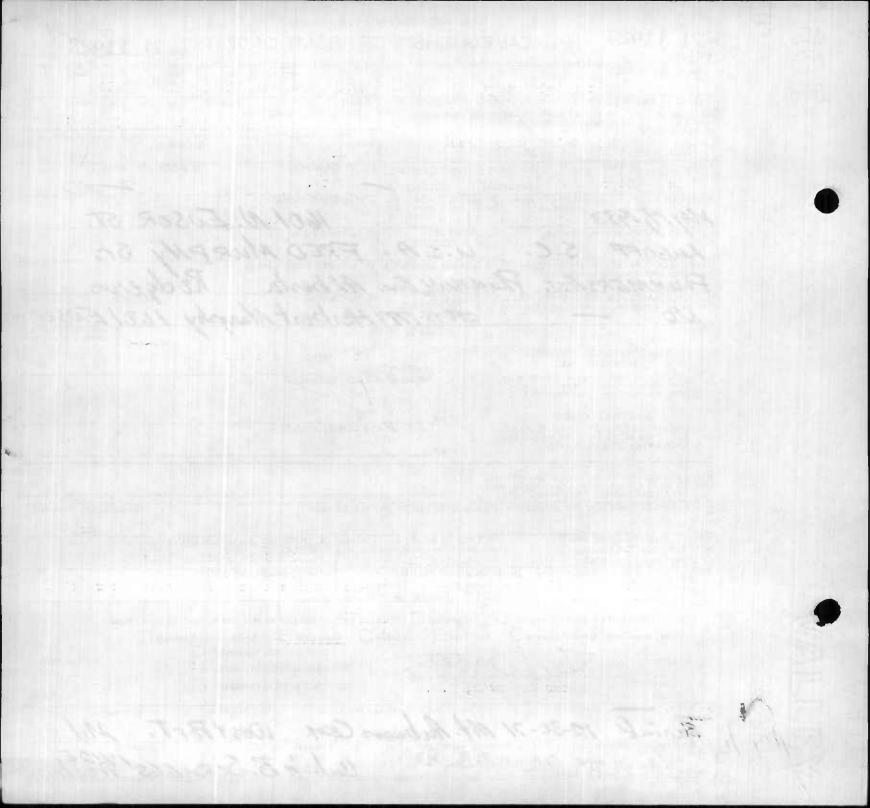
	BALTIMORE	CITY HEALTH DEPARTMENT							
1	BIKIR NO." I	CATE OF DEATH REG. No. 71 11925							
1	Type or Print CHARLES O. KEUSCH, SR.	Ole 74/7/ 8:05-6.M.							
╟	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	C, CITY OR TOWN D. INSIDE CITY LIMITS?							
	5 Church Home + Hospital	Bultimore YES NO							
31	S Charles Hones 11 9	9255, Deckerave, #2/224							
1	5. SEK 6. RACE 7. MARRIED ANEVER MARRIED WIDOWED DIVORCED	C. Col 24 lost brillion							
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	The second secon							
- 11	CHAUFFEUR COURIER CORP.	BALTO:, MD. U.S.A.							
	Otto J. Kowach	Williamina Sherman							
1	15. Was Decembed Ever in U. S. Armed Forces? 16 SOCIAL (Yos, no or unknown) (If yes, give war or dates of service) SECURITY NO.	IN INFORMANT							
	No -7/3-20-7.	59 Katherine E. Keusch Same							
	18. 43/.9 1 CAUSE OF D	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE	ECAUSE Shock, Cardiverp. airest lew his							
	(This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF							
	Injury or complication which caused death. ANTECEDENT CAUSES	Lestrelania							
	(B)	DR AS A CONSEQUENCE OF:							
	rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)	\$16 CIA hemorology							
	- 11	·							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
- 11	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1 21B PLACE OF INJURY (1)	20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
- 11	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (home, farm, factory, streeted)	e.g., in or obout 21 C. WHERE DID (II in Boltimore City, give exact location) et, office bidg., INJURY OCCUR?							
	21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED								
(APPROX.) While At Work Not While At Work									
22. I certify that (I) (this hospital) attended the deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.									
								Semma P. Trobby MD DEGREE	
							.	CEMMA P. INDOLOSM	1D Chard Ame & Angetag.
	REMOVAL (Specify)	OF CREMATORY 24D. LOCATION (City, Wwn, or county) (State)							
		FART CEM. 1401 GERMAN HILL RD. BA.CO., MD							
	25s. Date REC'D BY HEALTH DEPT. 25s. NAME OF REGISTRAR!	25C. TUNERAL DIRECTOR 901 S. CONKLING ST.							
		LANGE TO THE DISTRICT TO THE TOTAL T							



BALTIMORE CITY HEALTH DEPARTMENT

M 610 71 11926 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. No.1 11926

IRTH NO.		
NAME OF DECEASED ype or Print)	2. DATE Known Manth Day Year Hour	=
Nathaniel Murphy	DEATH Estimoted 12 25 71	M.
	3. DATE Month Day Year Hour	
JIL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 25 71 4:20 a	M.
0000 0-11 0	5. USUAL RESIDENCE (Where deceosed lived, if institution; residence before admission A. STATE B. COUNTY	,
SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	_
male Negro WIDOWED DIVORCED	Balto.	
DATE OF BIRTH 10. AGE (In years # Under 1 Yr. # Under 24 Hrs. Nonthe Days Hours Min.	E. STREET AND NUMBER	
MAY14, 1933 38	1601 NEDSOR ST.	
BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
LUGOFF J.C. 4.5,17	FRED MURPHY SC.	
A-USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY naduring most of working life, even lighted)	15. MOTHER'S MAIDEN NAME	
THUMMERS HIST, PLUMMING Dues	Alberta Rodgero	
. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	
298-98-1979	HERDERT MURICHY 1601 ENSON	PSI
19. F 96 6X I CAUSE OF DEATH	H APPROXIMATE INTERV BETWEEN ONSET AND D	
DISEASE OR CONDITION DIRECTLY	Stabwound of chest	
(A)IMMEDIATE CA		
heart loilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	S A CONSEQUENCE OF:	
ANTECEDENT CAUSES (b)		
DISEASES OR CONDITIONS, IF ANY, GIVING	S A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	S PERFORMED 21. AUTOPSY? (Yes or No	<u></u>
7	21, 10107517 (140 01 110	,
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g., In	n or about 22C. WHERE DID (If in Baltimore City, give exact location)	
UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street, office to HOUSE	bldg, etc.) 2839 Cold Spring Lane	3
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	_
(APPROX.) 12 25 71 WHILE AT NOT W AT WORK	Subject stabbed during altercation	
23.		_
	and that on this basis, death in my opinion	
resulted from: Notural couses Accident Suicide	Homicide XX Undetermined manner	
ACTUAL TO A TOTAL	CHIEF MEDICAL EXAMINER DATE SIGNED	
SIGNATURE AU LUCYM.D.	ASSISTANT MEDICAL EXAMINER 423	
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER 12/25/71	
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or	r CREMATORY 24D. LOCATION (City, town, or county) (Stote)	_
Durial 12-30-71 Mt. Hubus	n CEM. West Fort. Md.	
A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	
DEC 27 ST Pale E. Jaber M.D.	Relving B. SCRULLS FROIL	5%
151-REV. 37-38	The second of the second	-



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE	CITY	HEALTH	DEPARTMENT

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CEKI		X I E	OF	DEA	ΑІН

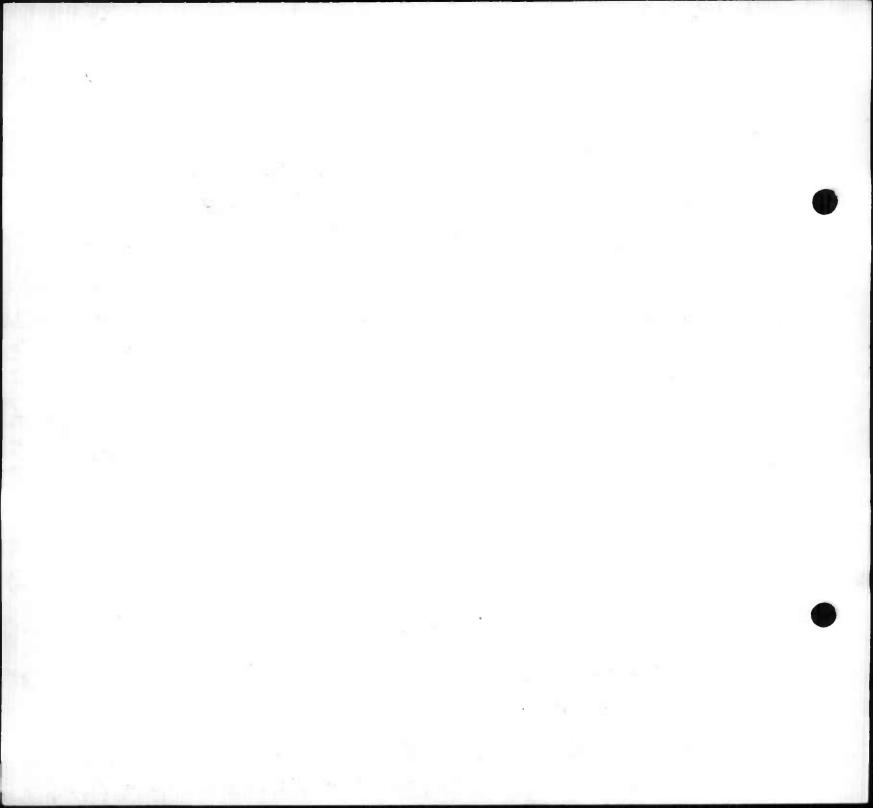
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REG.	NO	1	11	927

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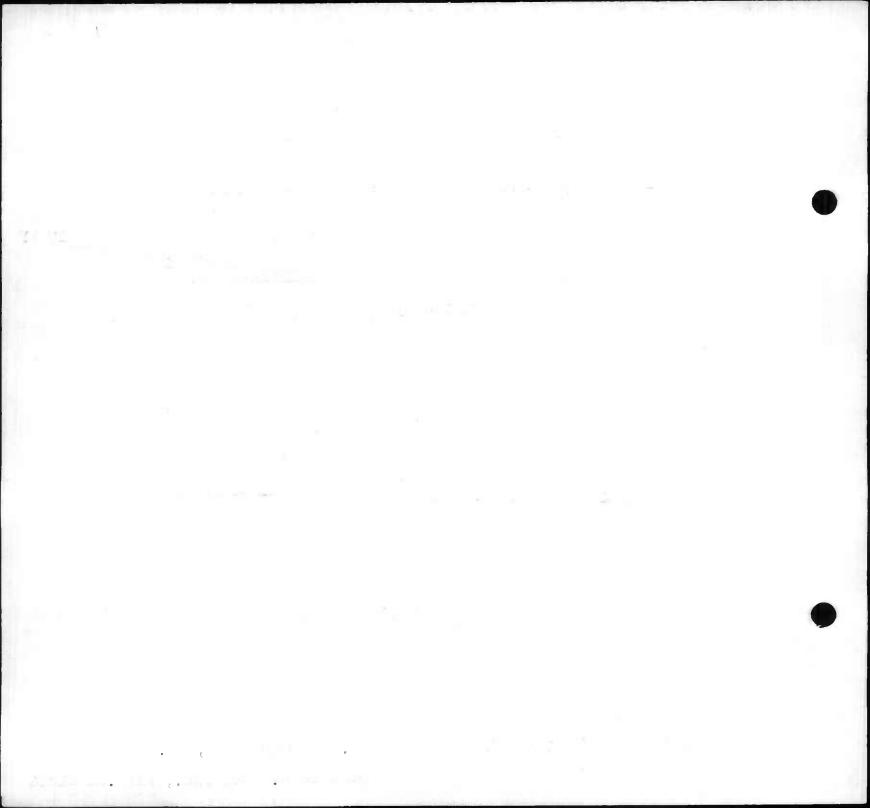
BIRTH NO. 71 11927 CE	RTIFICATE	OF DEATH	REG. NO.	71 11	927
TINAME OF DECEASED TO CORNE LIA		2. DATE AL	NP HOUR OF DEA	тн 12/24/71	10/10
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD 4.	USUAL RESIDENCE (Whe	re decease hved.	f institution; resid	ence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV	VE STREET	MARYLANI)		802
INSTITUTION	C. 6	CITY OR TOWN BALTIMORE	D. 1	NSIDE CITY LIMIT	
JOHNS HOPKINS HOSPITAL	Ε. :	STREET AND NUMBER		163	№ □
		3101 E. FEI	DERAAL STR	EET	
FEMALE NEERO WIDOWED DI	IVORCED	- 1089	9. AGE (In yeors glost birthdoy)	If Under 1 Months Do	Yr. II Under 24 Hrs. Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS done during most of working life, even if retired)	OR INDUSTRY 11.	BIRTHPLACE (Stote or fore	ign countryl	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME	114	RUKANLI MOTHER'S MAIDEN NA	ia fa	1	('),
KENNEDY.JOSEPH		3	MARY		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECUR	IL ITY NO.	NFORMANT		A	DDRES\$
219 5	4 3620				
1011	SE OF DEATH		- 1-2	BETY	PPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		NEWLOCORY	EVMON	1	31,25015
(This does not mean the made of dying, e.g., heart laiture, asthenia, etc. it means the disease,	IMMEDIATE CAUSE DUE TO, OR AS A CO	NSEQUENCE OF:	014044	UPT	3 weeks
injury or complication which caused death.)	^				~
	Possible		Leuc	a	
DISEASES OR CONDITIONS, il any, giving rise lo the above cause (A) stating the	DUE TO, OR AS A CO	ONSEQUENCE OF: (TONE)	***************************************
UNDERLYING CONDITION last. (C)	**********				**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***********	************************			***************************************
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPE WAS PERFORMED	ERATION 2	OA. AUTOPSY? (Yes or No	IN CERTIFYING	RE FINDINGS CO	NSIDERED
LI 21A ACCIDENT WAS INDERLYING D		1010			
OR CONTRIBUTING CAUSE OF home, form, for	tnjury (e.g., in or e ctory, street, office b	bldg., INJURY OCCUR?	(if in Boltin	nore City, give ex	oct location)
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OF		21F. HOW DID INJ	URY OCCUR?		
≥ (APPROX.I While At Work	Not While			1	
22. I certify that (1) (this hospital) attended the decease	ed from	13/11	9ta	1423	19/1
that (1) (we) last saw the deceased alive an	24 [1]	19 and the	at in (my) (aur) a	pinion death a	ccurred an the date
and have and from the causes stated above. (1) (We) (did	d) (did nat) view t	the bady after death.			
23A. SIGNATURE Slephon Toger M.	Attending Phys.		Staff Phys.	238. DATE SI	GNED 4171
23C. PHYSICIANS NAME (Type)	DEGREE	ADDRESS			V
24A. SURIAL CREMATION, 24B. DATE 24C. NAME OF CEN	DEGREE METERY OF CREMATO	ORY 24D. LC	CATION (City, town, or co	unty) (Stote)
B-29-CV 12-29-71 25A, DATE REC'D BY HEALTH DEPT. 125B, NAME OF REGISTRA	aubu	un /	allo	md 1	
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRA DEC 2.7 1971 Jabus E. Jauben M.	D	SG. FUNERAL DIRECTOR	rio De s	200 Ed	Mondson
VS 150-REV. 1/1/68	1	-00000	7,00	100	

1	
s assistant if death occurred in a hospital and if the direct or contributing cause of death any kind; (4) Undetermined cause; (5) Deceased ced death was in regular attendance on the ndance on the deceased prior to death. Such or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

M-560	BALTIMORE CITY H	HEALTH DEPARTMENT		71 11928
71 11928	CERTIFICAT	E OF DEATH	REG. NO	11 11340
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	*
MANIERI, GUISE	PPI	12-25		al 1 11 35 a.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOC	NCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If	institution: residence before admissi
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	JTION, GIVE STREET	MARY/AND	BA	LTO 530
INSTITUTION LUTHERAN HOSE	oITAL	BALTIMORE		SIDE CITY LIMITS?
BAltimore, md.	21216	E. STREET AND NUMBER		YES WO
		5743 Edi	nond soi	N Are.
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H. Manths! Doys Haus Min.
WIDOWED WIDOWED		7-13-78	93	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired)	_	BIRTHPLACE (State or love)	gn country)	12. CITIZEN OF WHAT COUNT
LABORER KEII	RED	LIALY		U.S.
TO FAIRER'S NAME	14	. MOTHER'S MAIDEN NAM	A E	
15. Wos Deceased Ever in U. S. Armed Ferces?				
(Yes, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	INFORMANT (GRAN	deens	1834
NO	213-03-49031	MR. VINCENT C	3, LdARK.	New BATTLE GA
DISEASE OR CONDITION DIRECTLY CORO				ANT ROMINITE HITERY AN
LEADING TO DEATH	4	con with Conges	Tive Measur	tus (aux
(This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	(A) IMMEDIATE CAUSE DUE TO, OR AS A C	ONSEQUENCE OF:	*********************	
ANTECEDENT CAUSES				}
DISEASES OR CONDITIONS, if any, giving	(B)	CONSEQUENCE OF:		*************************
rise to the above cause (A) staling the UNDERLYING CONDITION last.				İ
11	(c)			************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	********************************	***************************************	******************************	
198 CONDITION FOR WWAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in o	obout 21 C. WHERE DID	(II In Boltimo	re City, give exoct location)
DEATH (notify medical examiner)	rung tocioty, ander once	Joseph Harder Occors		
Z IOF INJURY	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) While				
22. I certify that (1) (this hospital) attended the	deceased from	1 / 2.27 19	21to	12 1 15 19 71
that (i) (we) last saw the deceased alive an	12 125	19_7/and that	t in (my) (aur) api	nian death accurred on the do
and have and from the causes stated above. (1)	(We) (dld) (dld nat) viev	v the bady after death.		
23A. SIGNATURE	14.5 444		2	23B, DATE SIGNED
Anyana worki	DEGREE Phys.	Director L P	hys.	
23 C. PHYSICIAN'S NAME (Type) ANJANA DO	S111 M.D. 23D	ADDRESS		
24A, BURIAL CREMATION, 24B, DATE 24C, NAI REMOVAL (Specily)	ME of CEMETERY OF CREMA	ATORY 24D. LO	CATION (C	ily, town, or county) (Stote)
Busial 12/18/21 1/	CAN 1	1. 1. 12	116	24/
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 - 20 / 345 m / M - 11/1		- // /:-	1111 . 0
OEC 27 1971	REGISTRAR	25C FUNERAL DIRECTOR	efto.	ADDRESS

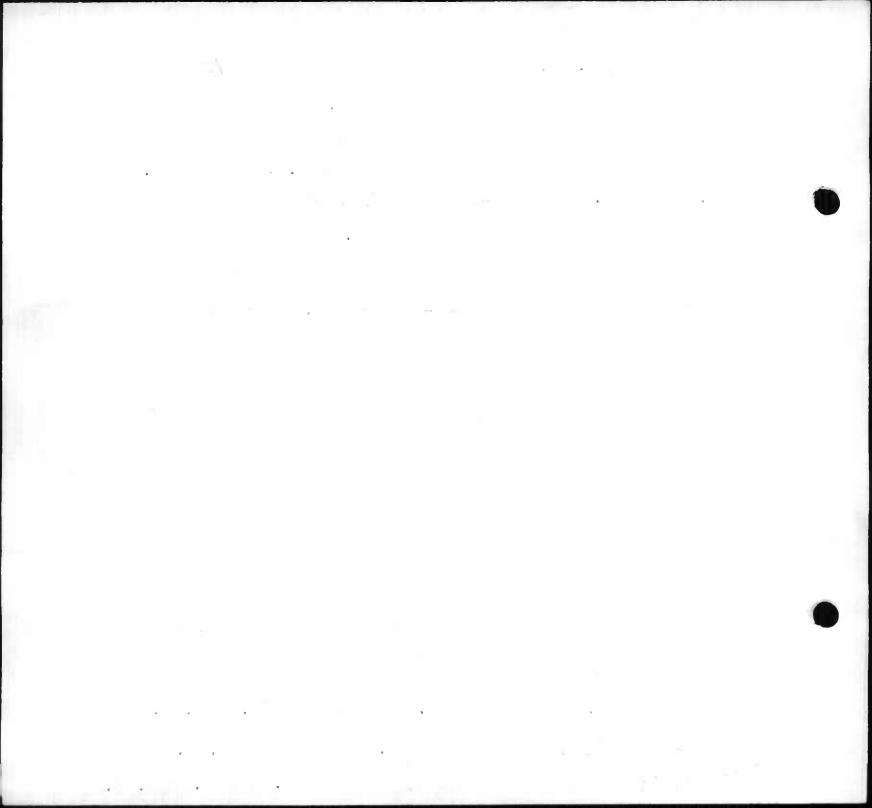


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH etermined cause; (5) Deceased Such hospital and of death I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO 12-22-71 PM. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, If institutions residence 4. USUAL before admission) attendance B. COUNTY cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ŏ C. CITY OR TOWN 0 D. INSIDE CITY LIMITS 0 Charles Gen. Hospital Baltimore NO prior contributing E. STREET AND NUMBER N. Charles occurred Reisterstown 1214 made regular 5. SEX 9. AGE (In years lost birthday) 6. RACE Il Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min. 7. MARRIED NEVER MARRIED deceased WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) E or (4) Und Housewi. Was 13. FATHER'S NAME the NANCY DISTEFAN Joseph assistant eath LO kind; 15. Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL 17. INFORMAN final (Yes, no or unknown) (If yes, give war at dates of service) SECURITY attendance ŏ any pronounced 18. CAUSE OF DEATH APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH (3) A fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, the chief medical examiner regular injuly of complication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the = physician before the remains UNDERLYING CONDITION last Was any nature; (2) Body burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 where the WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, alfice bldg., INJURY OCCUR? (If In Baltimore City, give exact location) he body was released to the hospital °N MEDICAL DEATH (natify medical examined by obtained 21 D. TIME OF INJURY (Month) (Doy) (Yeor) (Haud 21 & INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? approved Not While (except While At p (APPROX) and Wark Al Work 22. Leartify that (1) (this hospital) attended the deceased from 99 that (I) (we) lost saw the deceased alive on_ and that in (my) (aur) opinion death occurred on the date of hospital eath) and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must shows: (1) An accident certificate must b 23A. SIONATURE 23B, DATE SIGNED 8 Attending 0 Med. Staff Director L approval Phys. Phys. 0 DEGREE 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at DERIO D.O.A. 24A. BURIAL CREMATION, 248. DATE eceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) Burial Holy Redeemer Cem. Baltimore, Was 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck Inc., Balto.Md 21214 VS 150-REV. 1/1/68



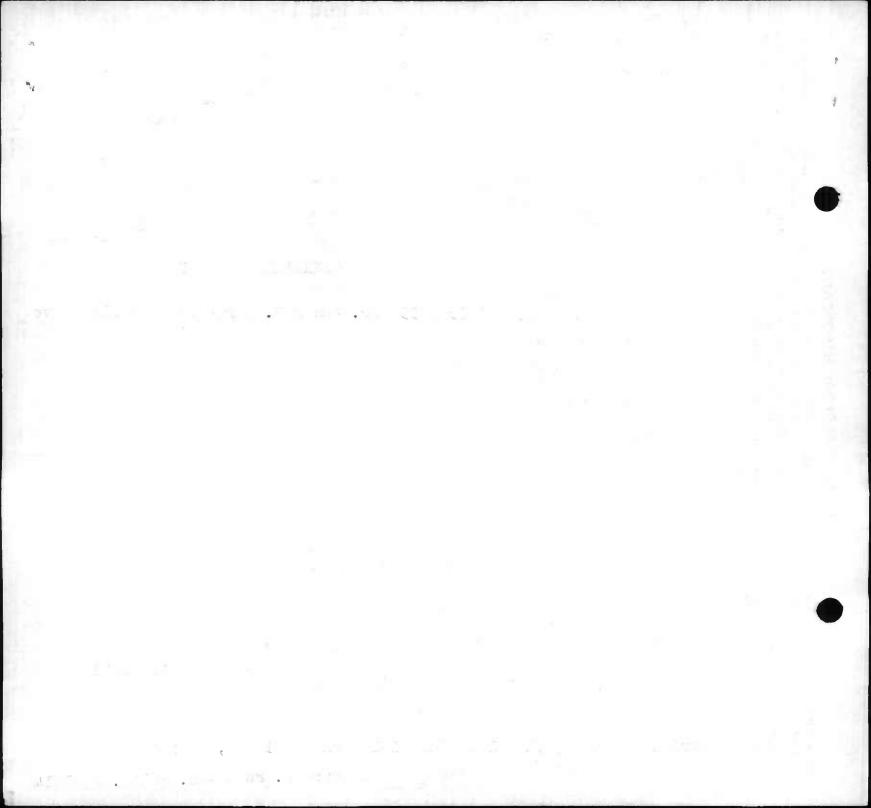
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	H.436	144020			HEALTH DEPARTMENT	V 7	4 11920	
	Dikiti Ito.				TE OF DEATH	REG. NO. 7	I IIIIGO	
	I. NAME OF DECEASED (Type or Print) Mary E. Holter				2. DATE	AND HOUR OF DEATH	8:30A	1
	3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONOI	UNCED DEAD	4. USUAL RESIDENCE (WH	nere deceased lived. If in	nstitution: residence before admis	
111	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Md.	EAL	530	0
H	(C)				White Marsh	D. INS	YES NOTE	
	Harford	Gardens Nur	sing Ho	me	E. STREET AND NUMBER			
					Box 976 B. Lo	reley Beach	Rd.	
	F.	W.	7- MARRIED [X DIVORCED	1/29/1890	9. AGE (In years last birthday)	If Under 1 % . If Under 24 Manths Days Haurs M	Hrs.
9	one during most of wo Housewi	orking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Md.	reign country)	USA	NTRY?
1	3. FATHER'S NAM				14. MOTHER'S MAIDEN NA	AME		
		John Rayfiel	d		Frances	Drury		
100	5. Was Deceased E (as, no ar unknown) (ver in U. S. Armod Fore It yes, give war or date	as? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	no			265-09-1016D	Eugene ". Holt	or same		
$\ \ $	18. 4/2	: 41		CAUSE OF DEATH			APPROXIMATE INTERV	
		OR CONDITION DIR	ECTLY	AJ	CVD		Pa a Page	
	(This does not	meon the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	************************	- Over ger	
		sthenia, etc. It means lication which caused						
	At	NTECEDENT CAUSES		(0)				
I	DISEASES OR	CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***********		
		above cause (A) CONDITION last	slaling the	(c)				
∥.		11						
	OTHER SIGNIFIC	ANT CONDITIONS CON	E TERMINAL					
3	CIDISEASE OR CO	NOTION GIVEN IN PART	1 (A).	HICH OPERATION	120A. AUTOPSYZ (Yos or N	ol 208 IF YES WERE	FINDINGS CONSIDERED	Permit
11.40		WAS PERF	ORMED		20A. AUTOPSYZ (Yos or N	IN CERTIFYING CA	USES OF DEATH?	
A 14 m	21A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING DING CAUSE OF nedical examiner	21 B. home	PLACE OF INJURY (e.g., in e, farm, factory, street, off	or obout 21C. WHERE DID	(If In Boltimor	a City, give exoct lacation)	
1	OF INJURY	Month) (Doy) (Yeor)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
1	(APPROX.)		Whil	e At Not While				
	22. I certify that (1) (this hospitat) attended the deceased from							
	that (1) (we) last saw the deceased alive an Dec 2/ 19 2/ and that in (my) (out) opinion death accurred on the date							
	and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.							
23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 22B. DATE SIGNED 22B. DATE SIGNED 22B. DATE SIGNED 22B. DATE SIGNED								
	23C. PHYSICIAN NAME HYP	el	erman	DEGREE	3D. ADDRESS 3202 Harford	d. Balto. F	id.	
2	AA. BURIAL CREMA	- /	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. I	LOCATION (Cit	ly, town, or county) (Stot	te)
	Burial	12/27/7	1 Dr	uid Ridge Cem		Balto. Md.	•	
2.	SA. DATE REC'D B	Y HEALTH DEPT.	258 NAME O	FREGISTRAR	250 UNERAL DIRECTO		ADDRESS	
		C 27 1971	Bes E	Jaban M.D	Leonard J.	Ruck Inc. Ba	alto. Md.	
V	\$ 150-REV. 1/1/68							



Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

UET EN 4-65071 1193	BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO. Louise Horne	CERTIFICA	TE OF DEATH REG. No. 71 11931
Type or Print HELEN LOUISE	HORN.E	Dec 22 71. 8.55 Pur.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INST	TIPETT AVE CIVET	Haryland I 721
INSTITUTION ADDRESS OR LOCATION)	of Holis	C. CITY OR TOWN D. INSIDE CITY LIMITS?
union mener co	1 10 2/0/10	Baltenose YES NO [
1 B SZKOK OLVES	1218.	E. STREET AND NUMBER 2205 Have Iton Ave
5. SEX 6. RACE WILLE WIDOWE	D DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors II Under 1 Yr. If Under 24 H Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT USA
13. FATHER'S NAME	***************************************	14. MOTHER'S MAIDEN NAME
JERRY MIC	LER	XXXXXXXXX POLLY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO	403308033	Mr. James B. Horne 2205 Hamilton Ave
DISEASE OF CONDITION DIRECTLY	CAUSE OF DEAT	CRANIAL INJURIES APPROXIMATE INTERVAL
LEADING TO DEATH	(A)IMMEDIATE CAL	no Suborchien roque 35 line
(This does not mean the mode of dying, e., heart failure, osthenia, etc. It means the diseas	0115 50 00 15	A CONSEQUENCE OF:
injury or complication which coused death.)		
ANTECEDENT CAUSES	(B)	out on of the descential
DISEASES OR CONDITIONS, if any, giving its to the above cause (A) staling the UNDERLYING CONDITION (OSAPPROVED)	g DUE TO, OR AS e }Y (C)	A CONSEQUENCE OF:
Proposition A. A. Call		•
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	M. D	
WILLY DATE OF ORESTROM LICE COMMENCE CO.	WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES YES
OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., in ome, farm, factory, street, of c.)	fice bldg., INJURY OCCUR?
	SIDEWALK E INJURY OCCURRED	5500 HARFORD ROAD
S (APPROX) 12-21-71 (QM)	/hile At T Not While	0 1
22. I certify that (I) (this hospital) attended		
that (i) (we) lost sow the deceased alive on		
ond hour and from the causes stated above.	10	,
23A. SIGNATURE	(i) (ne) (did) (did not) V	23B. DATE SIGNED
1. J. Rehall	AHO Phys	nding [7] Med. [7] Staff [7] 12/22/71
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C.	DEGREE NAME OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
= 1 - 1 - 1 - 1	elAir Memoria	al Park Bel Air, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAL	25C FUNERAL DIRECTOR ADDRESS
DEG 27 BIN GOE	BE. Yoursey M.D.	Leonard J. Ruck Inc., Balto.Md 21214
VS 150-REV. 1/1/68		NAME OF THE PARTY



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hospite use of ; (5) Ded dance death
ed in a ting ca d cause r atten r atten prior to
occurriontribu ermine regula eased is mad
if death ect or c t) Under was in the dec
sistant the dir- kind; (death nce on inal dis
Also, if of any ounced attenda
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by the control by ref. (2) B where to No phy
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
st be ap ased to lent of a sspital (death); nust be
cate mu vas rele An accid at a ho prior to
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
th shaw

- [[416371 11932 BALTIMORE CITY	Y HEALTH DEPARTMENT				
1	BIRTH NO. CERTIFICA	TE OF DEATH REG, NO. 71, 11932				
	1. NAME OF DECEASED					
	Type as Print) LOUISA A HUBBARD	2 DATE AND HOUR OF DEATH				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission) A. STATE B. COUNTY				
- 11	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C.CITY OR TOWN D. INSIDE CITY LIMITS?				
		Baltimore YES NO				
-	Hanne T. M. D.	E. STREET AND NUMBER				
	House In The Pines Belair	7301 Old Harford Rd				
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 His. Months! Days ! Hours! Min.				
-	Female White WIDOWED DIVORCED	Dec 16, 1895 76				
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if refired					
	Housewife	England U.S.A.				
		14. MOTHER'S MAIDEN NAME				
	Alexander M Hardman	Emma Wilhelm				
i	5. Was Deceased Ever in U. S. Armed Farces? Yes, no ar unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
	No 212-30-227					
	18. 4/12 GAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DÍSEÁSE OR CONDITION DIRECTLY LEADING TO DEATH	1 +: 1 - 21 - 2:				
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:				
	injury or complication which caused death.)					
	ANTECEDENT CAUSES	him arterial "				
	DISEASES OR CONDITIONS, if any, giving ise to the abave cause (A) stoling the	A CONSEQUENCE OF:				
	UNDERLYING CONDITION lost. (C)					
1	z II	O weeky				
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE DEATH BUT NOT RELATED TO THE TERMINAL	· Promote Chroni One Such Dead - we				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179R. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING.	20A-AUTOPSY? (Yes or Noll 20B, IF YES, WERE FINDINGS CONSIDERED				
	WAS PERFORMED	20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
-11	On CONTRIBUTION OF THE PROPERTY OF THE OWNER OWNER OF THE OWNER OF THE OWNER	n or about 21 C. WHERE DID (II In Baltimare City, give exact location)				
	DEATH (notity medical examiner)					
	21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While At IT Not While	21F. HOW DID INJURY OCCUR?				
1	(APPROX.) While At Not While At Work	'				
	22. I certify that (i) (this haspital) attended the deceased fram	R/1/ 19 2/ 10 /423 19 7/				
	that (i) (we) last saw the deceased alive on 12/22/197/ and that in (my) (ever) apinion death accurred an the dat and haur and from the causes stated above. (i) (We) (did) (elid-not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED					
	DEGREE Phys	Director Phys. /2/23/7/				
	NAME (Type)	3D. ADDRESS				
2	Albert B Bradley MD DEGREE 4A. BURIAL CREMATION, 24B. DATE Z4C. NAME of CEMETERY OF CRE REMOVAL (Specify)	MATORY 240. LOCATION (City, town, or county) (State)				
		Baltimore Ma				
2	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Baltimore, Md 25C. FUNERAL DIRECTOR ADDRESS				
	OFC 27 371 TABLE TO MAKE	Leonard J Ruck Inc. Baltimore, Md				

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60-31-89

Such

1	11-21-	2		BALTIMORE CITY	HEALTH DEPARTMENT		11-000
	U-2/c		3	CERTIFICA	TE OF DEATH	REG. NO.	71 11936
	pe or Pant)	WIZBIC.	KI.	HARRIETT	- Dale /2 -	ND HOUR OF DEATH	14:45 P M
3.	PLACE IN SAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (WH		stitution: residence before admission)
H	ILL NAME OF OSMIAL OR STITUTION	ADDRESS OR LOCA	(NOITA	JTION, GIVE STREET	Maryland c. CITY OR TOWN	D. INSI	DE CITY LIMITS?
		re City Hospi	tals		Baltimore		YES MO
	Baltimor	stern Avenue ce, Md. 21224			1402 Angles		21224
	male	Caucasian	7. MARRIED WIDOWED	Y I MEACK WAKKIED	8. DATE OF BIRTH 4/23/47	9. AGE (In years lost birthday) 24	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
		JPATION (Give kind of work working life, even if reffred)	10R KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	reign country)	U.S.A.
13.	FATHER'S NA	ME .			14. MOTHER'S MAIDEN NA	AME	
		Clyde W. Ga	mmi con		Fara	B. Doss	
15.	Wes Deceased	Ever in U. S. Armed For	test	1 & SOCIAL	17. INFORMANT	D. 2033	ADDRESS
1100	no	at yes, give wer or one	S OF SCITICGE	218-48-3807	Records: BCH-	4940 Eastern	Avenue 21224
H	18. 4/2	7.91		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DI	RECTLY	Intro	icranial E	Bleeding	48 hours
	heart failure,	ot mean the mode of ostheria, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
1		iplication which coused ANTECEDENT CAUSES					
		R CONDITIONS, IF		(B) DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the	e obove cause (A) CONDITION last,		(c)			
		П					
	TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T	HE TERMINIAL				
CERTIFICATIO	19A DATE OF	ONDITION GIVEN IN PAR OPERATION 198 CON	DITION FOR V	WHICH OPERATION	20A AUTOPSY? (Yes or	No 208 IP YES, WERE	FINDINGS CONSIDERED, USES OF DEATH?
	2	WAS PER			Yes.		V & S
CALC	OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examines	21 B. hom etc.	a form, foctory, street, of	n or about 21 C. WHERE DID fice bidg.	(It in Boltimor	re City, give exact location)
MEDI	21 D. TIME OP INJURY (APPROX)	(Month) (Day) (Year)	Whi	INJURY OCCURRED Not While	21F. HOW DID IN	HURY OCCUR?	
N.			Wo	K L At Work	2 - 2.0	- h1 13	- 22 - Al
		that (I) (this hospital				19 / to / 2 that in (my) (our) api	nian death accurred an the date
			ted abave. () (We) (did) (did nat) v	lew the bady after death	•	
	23A. SIGNATU	la d	01	1 MD AH	nding Med.	Staff	23B, DATE SIGNED
	23C. PHYSICIA		m	DEGREE ""	23D. ADDRESS	Phys. —	21224
	NAME (T	HU-SHIN	CHI	,,	/PC - // F 10	- /	alto., Md,
24	A. BURIAL CRE	MATION, 1248, DATE	24C.N	AME OF CEMETERY OF CRI	EMATORY 24D.		ity, town, of county) (State)
25	Burial	12/27/		Lawn	Ba	lto Md.	
25	A. DATE REC'D	BY HEALTH DEPT.	258. NAME O	E Jalla MD	Leonard J	Ruck Inc. La	ADDRESS
1		112 7 1	1 800	E. Jaben M.D.	TOUTIAL O.	uck Inc. Da	LUO FIG

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VS 150-REV. 1/1/68

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CONTRACTOR OF THE PROPERTY OF THE PARTY OF T Partie Co. Telegraphy of the Concept of the Control

FUNERAL DIRECTOR: IMPORTANT

B 1. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 5 4

1 Lall 57 BALTIMORE CITY	HEALTH DEPARTMENT				
71 11935 CERTIFICA	TE OF DEATH REG. NO. 71 11935				
NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
Type or Print) HELMERT, ANNA C.	12 17 71 5:12PM <u>M.</u>				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALTO,				
ST AGNES HOSPITAL	BXXXXXXXXXX ARBUTUS YES NO X				
BALTO., MD. 21229	E. STREET AND NUMBER 1236 LEEDS TERRACE				
	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Ye., II Under 24 Hrs.				
FEMALE WHITE WIDOWED DIVORCED	3 13 06 last birthday 5 YR Months Doys Hours Min.				
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
HSWF ,	USA (MARYLAND) USA				
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
WILLIAM HILL	ELIA (MILLER)				
5, Wes Decessed Ever in U. S. Armed Ferces? Yes, no or unknown] (If yes, give war or dates of service) SECURITY NO.	BALTIMORE, AMERYLAND				
NO 217-01-2594B	ST AGNES HOSP., WILKENS & CATON AVES.				
18, // CAUSE OF DEA'	APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY Design	e my sear ded inforsetween onset and death				
LEADING TO DEATH	USE				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:				
Injury or complication which caused death.)	the first married to the control of the first control of the contr				
ANTECEDENT CAUSES					
Districts On Constitutional II and String	S A CONSEQUENCE OF:				
rise to the above cause (A) stating the UNDERLYING CONDITION last.					
Tother significant conditions contributing	letez mellatus				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	inis				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19A. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY 10.09.	20A-AGTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	NO IN CERTIFIENC CAUSES OF BEAUTY				
OR CONTEIRUTING CAUSE OF home, form, foctory, street	in or about 21 C. WHERE DID office bldg. INJURY OCCUR? (If In Boltimore City, give exact location)				
DEATH (notify medical examined etc.) 21D.TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED While At Not Wh	21F. HOW DID INJURY OCCUR?				
While At Not Who Work At Work					
22. I certify that (X) (this hospital) attended the deceased from	12 17 101 to 12 17 19 71				
that (N (we) last saw the deceased alive on 12	17 19 71 and that in (my) (our) opinion death occurred on the date				
indi (I) (we) lust saw the deceased drive on					
and hour and from the causes stated above. (1) (We) (did) (XIX XX)	view the body after death.				
23A. SIGNATURE Jobseph m. J.	iending Med. Staff C				
DEGREE	ys. — Director — Phys. —				
NAME (Type) JOSE APTER M, D.	ST AGNES HOSPITAL, BALTO., MD.				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME et CEMETERY et C					
Burial 12-21-1971 Lorraine Park (
Burial 12-21-1971 Lorraine Park G	emeters Woodlary Maryland				
25A. DATE REC'D BY HEALTH DEPT. 25E. NAME OF HOUSING.					

1	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any mature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief methe body was released to the hospital by a med shows: (1) An accident of any nature; (2) Body but was D.O.A. at a hospital (except where the physdecased prior to death); and (6) No physician written approval must be obtained before the ren	

1/1	1-652			BALTIMORE CITY	HEALTH DEPART		bas 8	
2107	71	11936		CERTIFICA	TE OF DE	ATH REG.	NO. 71	11935
	AME OF DECEASED					DATE AND HOUR OF	DEATH	
	e or Print)	MARGARET		C. WARRIN	IGTON	December 17		10130 PM
3. P	LACE IN BALTIMORE	MARYLAND, WHE	E PRONO	UNCED DEAD	4. USUAL RESIDE	NCE (Where deceased live B. COUNTY	red. If institution	residence below odmission)
FUL	L NAME OF (IF	NOT IN HOSPITAL	OR INSTIT	UTION, GIVE STREET	Maryland			2864
INS	TITUTION AL	DDRESS OR LOCATIO	NI		C. CITY OR TOWN	-	D. INSIDE CITY	
1	00 44	406 Mountvi	ew R	oa d	Baltimon		YES [X NO .
'	Ba	altimore, M	aryla	nd 21229		ntview Road	21	229
5. SI	EX 6. RAC	E 7.	MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	1 15 44	
		nite W	IDOWED	DIVORCED	5-5-1913		Month	der I 16 II Under 24 His. Bouls Min.
done	USUAL OCCUPATION	(Give kind of work 108	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or foreign country)	12. C	ITIZEN OF WHAT COUNTRY
111	ousewife	, , , , , , , , , , , , , , , , , , , ,			Mary	yland		U.S.A.
13. F	ATHER'S NAME	<u></u>			14. MOTHER'S MA	AIDEN NAME		
	William	A. Ho1	sten		Anna	a E. Mil	ler	
15. W (Yes,	Vos Deceased Ever in no or unknown)[(If yes,	U. S. Armed Forces?	Service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS 21229
1	No			218-14-0527	Mr. G. Ve	rnon Warringt	on, 4406	Mountview Rd.
	18.	1		CAUSE OF DEATH	1 2			APPROXIMATE INTERVAL
		CONDITION DIRECT	TLY	are	to 7	0.00	1/-	DETWEEN ONSET AND DEATH
	(This does not mea	n the made of dvi	ng. e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE O	arctial Denfor	etern	Kirddler
11 1	heart failure, astheningury or complication	o, elc. it means the	disease,	OUE TO, OK AS A	CONSECUENCEO	110.0	? .	
		DENT CAUSES		Coro	rang a	very occe	usen	
	DISEASES OR CO	NDITIONS, il any,	giving	DUE TO, OR AS	A CONSEQUENCE	OF:		
	rise to the obov	e couse (A) slo DITION last.	ling the	(c)				
		11						
Į į	OTHER SIGNIFICANT C	ONDITIONS CONTRI	BUTING					
LA L	DISEASE OR CONDITION	N GIVEN IN PART 1	Al.	WHICH OPERATION	20A. AUTOPSY	(Ves of No) 208 IE VES	WERE PINISHE	C CONCIDENT
CERTIFICATION		WAS PERFORA	AED	WHICH CPERATION	No	IN CERTIFY	NG CAUSES OF	S CONSIDERED F DEATH?
11 12	OR CONTRIBUTING	UNDERLYING DE	21B	PLACE OF INJURY (e.g., in	or obout 21 C. WHE	RE DID (If In	Boltimore City, g	lve exoct location)
S	DEATH (notify medical	examined	etc.	ing total total y	ice slog, my ok. c	, CGO K:		
MEDI	OF INJURY (Month	(Day) (Yearl (H		INJURY OCCURRED		DID INJURY OCCUR?		
2	(APPROX.)		Whi	ile At Not While				
2	22. I certify that (1)	(this hospital) at	tended ti	ne deceased from	Feb- 1	19.56 to	fle	- 17, 1971
1	that (1) (we) lost sow the deceased clive on							
	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
2	3A. SIGNATURE		PL				23B, D	ATE SIGNED
	X	any X	1/	Atter DEGREE Phys.	Med.		12	2-20-7/
	NAME (Typel	1000	V	0/ 4	3D. ADDRESS			
240		Harry L.	Knip	DEGREE		ondson Avenue		
11 -	REMOVAL (Specify)			ME of CEMETERY OF CRE		24D. LOCATION	(City, town,	
	Burial	12-21-197	1 Lou	don Park Cemet	ery	Baltimore,	Maryland	

258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 197 VS 150-REV. 1/1/68 21229 Howard H. Hubbard, 4107 Wilkens Ave.

Mrs 278 - co of a control of the control of The second of th

IMPORTANT FUNERAL DIRECTOR:

Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and death. deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made. in regular M as death was D.O.A. at a hospital (except where the physician who pronounced

4	-417)		BALTIMORE CITY	HEALTH D	EPARTMENT		74 4	4.000	
	127	1 11937		CERTIFICA	TE OF	DEATH	REG. NO	1	1937	
	H NO.						ND HOUR OF DEATH			
	e or Print)	JANE DO	ROTHY	BLAKE		1	c. 23, 197	71	10 A.M.	
3. P	LACE IN BALT	IMORE MARYLAND, W			4. USUAL A. STATE		ere deceased lived. If in	nstitution: re	esidence before admission)	
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Ma c. CITY OF	ryland	D. INS	IDE CITY LI	/ 4 0 MITS?	
1	1 0	oiol Amontm	nonta			timore		YES X	№ □	
100		rial Apartm McMech a n St			301	Mo Mo o h	en Street	212	17	
s. s		6. RACE	7. MARRIED	TAIGUED MADDIED T	8. DATE O		9. AGE (In years	If Under	1 2 2 11 1 01 11	
			WIDOWED				lost birthday)	Months	Doys Hours Min.	
	emale	White PATION (Give kind of work		BUSINESS OR INDUSTRY	Oct.			12. CITIZ	ZEN OF WHAT COUNTRY?	
done	during most of w	rorking life, even if retired)								
	Beautic		Beauty	Shop	Balt	imore,	Md.	J	U.S.A.	П
10.					14. 14.0111					
S. V		ohn Rose Ja		1 6. SOCIAL	17. INFORM		Raley Wat	ers	ADDRESS	
		(If yes, give wor or date		SECURITY NO.		MO CI.		4 36 1		
	No					John R.	Jackson, 30) Mc		
	(E OR CONDITION DIL		(A) IMMEDIATE CAU	cino	ma	tosis	В	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	hearf lailure, o	ot mean the mode of osthenia, etc. It means plication which coused	the disease, deoth.)	DUE TO, OR AS	A CONSEQU	/	1tesus	5	1458	
	A	NTECEDENT CAUSES		(B) Alle	100		Uollea	9	1700	
	rise to the	R CONDITIONS, il obove couse (A) CONDITION losf.		(C)	A CONSEQ	UENCE OF:				
		II								
CERTIFICATION	TO THE DEATH	CANT CONDITIONS CO I BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL							
PTFIC	19A. DATE OF	-70 WAS PER	FORMED S	WHICH OPERATION	20A. AL	TOPSY? (Yes or I	10) 20B, IF YES, WERE IN CERTIFYING CA			
MEDICAL CE	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner	2186	PLACE OF INJURY (e.g., in e, farm, factory, street, of	n or about 2' ffice bidg., th	C. WHERE DID	(If In Boltima	re City, give	e exact location)	
EDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	2	F. HOW DID IN	JURY OCCUR?			
Σ	(APPROX.)		Whi Wor	ile At Not While				_		
	22. I certify	that (1) (this hospital) attended th	ne deceosed from	1-1		X/ 0 10	2-6	19//	
	that (I) (we)	last saw the decease	ed alive an	12-23	19/	and t			th accurred on the date	
	and hour and	from the couses state	ted obove (I) We) (did) (did not) v	iew the bo	dy ofter death	•			
	23A. SIGNATU		reee-	Dhue	ending Z	Med.	Staff Phys.	23B, DAT	E SIGNED	
	23 C. PHYSICIAN		DINE	DEGREE	23D. ADDRE		offort	15	oad	
244	BURIAL CREA	AATION, 24B. DATE	24C NI	DEGREE	OZL.	25077	LOCATION (C	ity, town, o	or county) (State)	
	DEALONAL IS		240.147	or constitution of our		270.		THE PERSON OF		

771 New Cathedral 2SA. DATE REC'D BY HEALTH DEPT.

12/27/

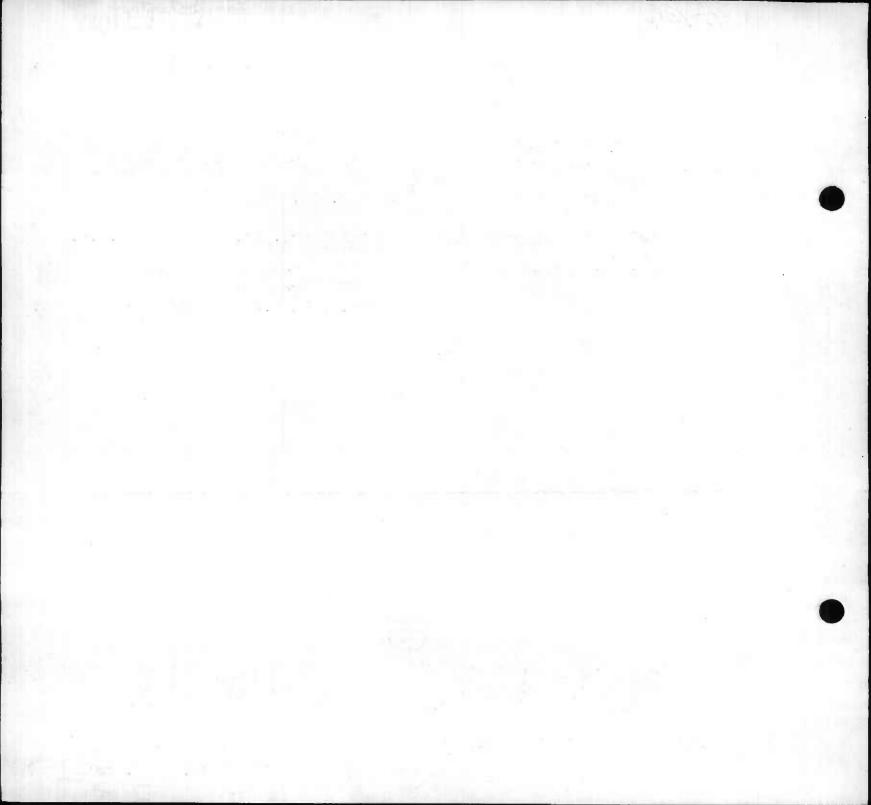
Cemetery Balt 25c. FUNERAL DIRECTOR STEWART & MOWEN

Baltimore, Maryland ADDRESS

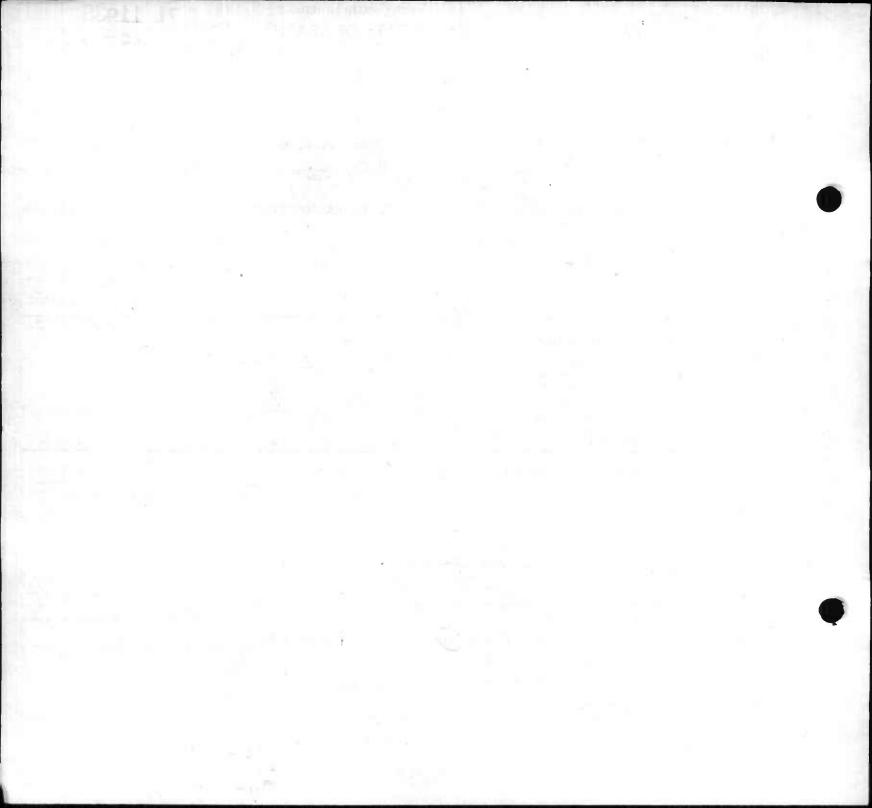
VS 150-REV. 1/1/68

Burial

CO.108 W. North Ave

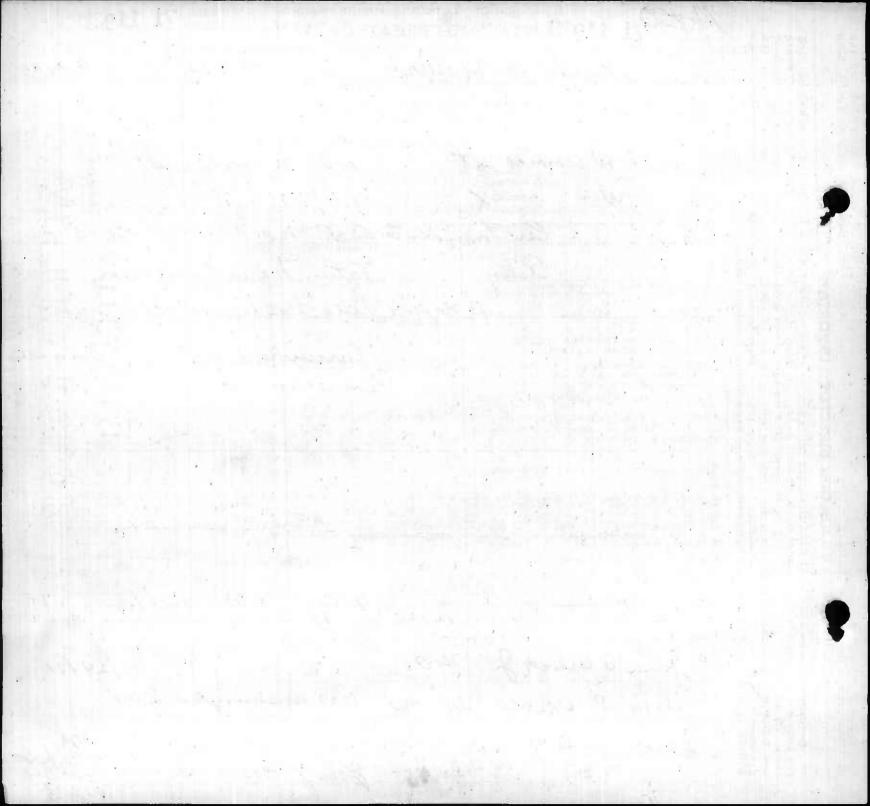


1	/	11/2	,		BALTIMORE CITY	HEALTH DEPARTMENT	P	1 11938	10
5+8+4 6+8+4	BIR	TH NO. 7/-	71 11938		CERTIFICA	TE OF DEATH	REG. NO.	<i>loA</i>	
dea deas		AME OF DECE	ASED LISO	D. (Mark	2. DATE AN	123/7	29:40	Am
pita Of Ce o o ath.	3, 1	PLACE IN BALT	MORE, MARYLAND, W	HERE PRONOL	INCEO DEAD	A. STATE B. COUN	de deceased lived. If in	stitution: residence before	admission)
50 00	FU	LL NAME OF	REST IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Ma.	Bult	1 100	States
- 3 -		SMITAL OR	KINS NUSPIN			Baltimen	D. INSI	YES NO	
E 3 4 1 7	17.	rriet hor	A 4	Id L.		E. STREET AND NUMBER	-T- CO		
T/	115					2514 E.	VefGr		
nin min med	5. \$	F	W. RACE	WIDOWED	DIVORCED	0/1////	9. AGE (In years lost birthday)	If Under 1 Yr. If Und Months! Days Hours	er 24 Hrs. Min.
in reco	don	USUAL OCCU during most of w	PATION (Give kind of work orking life, even # refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT	COUNTRY
90 E . P E	10	hor		ho	me	Maryland	A45	USA	
direct; (4) Uh way	/	nichae	1 R. Clark			14. MOTHER'S MAIDEN NAM	c.Let	bre	
	15, '(Yes		iver in U.S. Armed Fern lif yes, give war or date:		SECURITY NO.	17. INFORMANT		ADDRESS	
유축 보고 5 분		no	none	2	none	Mother al	rone / 251	14 E. Jeffe	
8 . 5 . 5 . 0		DISEASE	OR CONDITION DIE	ECTLY	CAUSE OF DEAT	G 0 1	1/20/1	APPROXIMATE I	
Also, e of noun atte		1	EADING TO DEATH		(A) IMMEDIATE CA		atron de bloclos	of hackustery	
pron pron lar abair		heart failure, a	t mean the mode of sthenia, etc. It means lication which caused	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	20 0	/	
EES SE			NTECEDENT CAUSES	Gedui	- Thouse	DAMIN COM	1 Sel glott	Si Pania	
A Table			CONDITIONS, II		DUE TO, OR A	A CONSEQUENCE OF:	7 10	V GLENGE	na-1000-00
- 60 E : 2			condition lest	stating the	(c)				
dical dical orns; sicia was	z		11	attenue ten a co	·D 2	200 A/	10		
0 70 70 7 7 7	VTIO.	ITO THE DEATH	CANT CONDITIONS COI BUT NOT RELATED TO THE INDITION GIVEN IN PART	HE TERMINAL	Ileven 1	was ont	6		
Prio de la	CERTIFICATION	19A-DATE OF		DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	ON LIF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
by c by c 2) Bo 2) Bo 4 5 5 5 6 7 7 8 7 8 9 7 8 9 8 9 9 8 9 8 9 8 9 8 9	CERT	21A. ACCIDEN	T WAS UNDERLYING	216	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE OID	(If In Baltimer	re City, give exact location)	
	CAL	DEATH (notify	medical examined	hom	e, form, fectory, street, c	ffice bldg. INJURY OCCUR?			
ع ﴿ ٢٠٥٠		21D. TIME OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED	21F. HOW DIO INJ	URY OCCUR?	/	
	2	(APPROXI		Wo	ile At Not Whi			2/22	71
Party Sac			hat (I) (this hospital		he deceased from	, , ,	19to/6	2/20 1	
하는 수 등 수 명			lost saw the decease			19and the	•	nion death occurred or	the date
death)		23/4. SIGNATUS		dove. ((ala hor)	view the bady after death.	- 1	238, DATE SIGNED	
must eleas ccide ccide to de to de al mu		MIChau	May hux	A //	DEGREE AM	ending Med. Director	Stuff Phys.	12/23/1	7/
0 - 0 - 0 >		23C. PHYSICIAL NAME (Ty	es pel	9	DEGREE	23D. ADDRESS			/
ificate y was r 1) An a 3.A. at d prior		MICHAE	L V. TOHNSTOI		DEGREE		okins Most	PITAL	
T TO O S		REMOVAL (S			AME OF CEMETERY OF CE			ity, town, or countyl	(State)
		Burial	12/24/7 BY HEALTH DEPT.	1 Net	v Cathedral	125C. FUNERAL DIRECTOR	PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF	aryland ADDRESS	
This the I show was dece			FC 27 1971		E. Jaiber M.S.	30	200 E. Baltimot	ESI	
	VS	150-REV. 1/1/6				3.3		1094	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

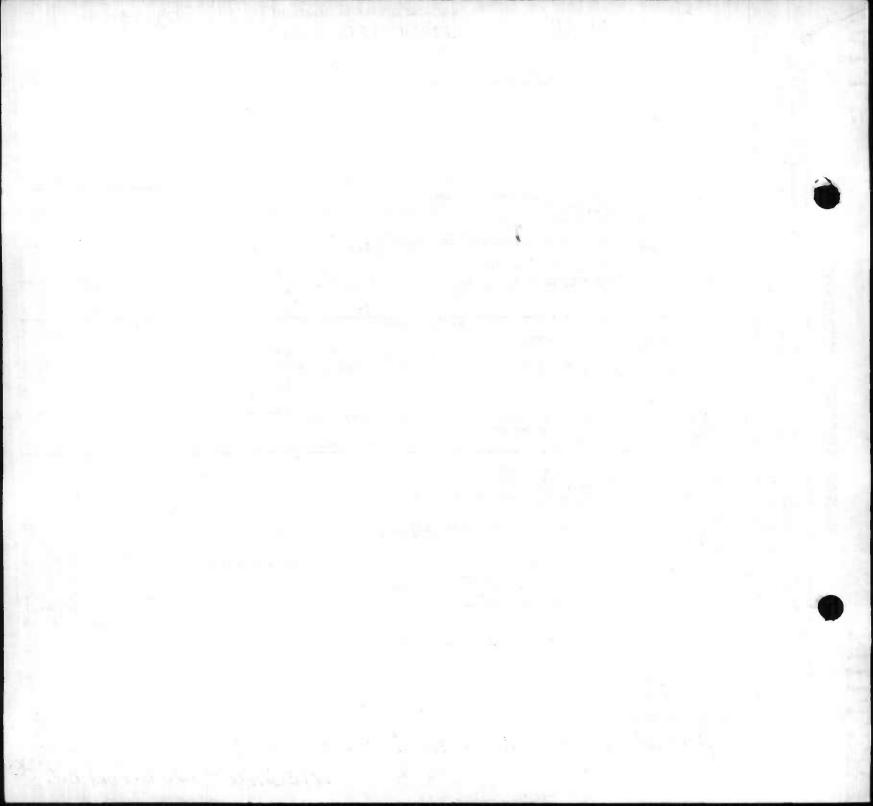
M. ((C) BALTIMORE CITY HEALTH DEPARTMENT 74 44000
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 11939
1. NAME OF DECEASED (Type or Print) 1. DATE AND HOUR OF DEATH 1. DATE AND
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
E. STREET AND NUMBER.
1131 Wicomico St. 1131 Wicomico St.
7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) 16 Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
? Riles Patie Francis 3
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or doles of service) SECURITY NO.
no 13.26-2124 Fatith Datareau-1131 Necomies It.
18. CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Carcurage of 3 months
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
underlying condition last. (c)
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 1 (21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Baltimare City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
D 21D. TIME (Month) IDoy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
White At Work Not White Work
22. I certify that (1) (this hasnital) attended the deceased from 7.23 1963 to 12/24 1970,
that (1) (we) last saw the deceased alive an 12-23 19-7 and that in (my) (cor) apinion death accurred on the date
and haur and fram the causes stated abave. (1) (We) (dtd) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED
John P. Urlech Je M. Q. Attending H Med. Director Phys. 12/24/71
230 PHYSICIAN'S NAME (Type) 23D. ADDRESS
JOHN P. VRLOCK IN MP 1227 Washington Well a
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stole)
Duriel 12 A8 71 It less Faven Gem. Often Burne MA; 25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL, DIRECTOR ADDRESSO / ST
DEC 27 1911 Best E. Jaisen A.S. John J. Cowan Kon ant. Follows
VS 150-REV. 1/1/68



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1	4-351	2.	1010		BALT	IMORE CITY	HEALTH	DEPAR	TMENT		G. NO. 7	1 11	gán	
BIR	TH NO.	71 11	1940		CER	RTIFICA	TE O	F DE	ATH	RE	G. NO	الديبال	10	
	NAME OF DEC	4							2. DATE AN	D HOUR	OF DEATH			
		HNTho		/	150	13.	5	R.	12/2	2/	1		110	PM.
	PLACE IN BAL				NOUNCED DEA		A, STATI	L RESID	B. COUN	III	lived. If in	stitution: re	sidence bef	are admission)
HO	LL NAME OF DISPITAL OR STITUTION	ADDRES	IN HOSPITA	L OR IN	STITUTION, GIVE	STREET	C. CITY			elfo	D. INSI	DE CITY LI	MITS?	TUI
1	south	- Ba	etin	w	e gen	und	B	alt	v			YES 🔼	NO	
-	3 km	hita	P	*			E. STREE	-	NUMBER			1	e- 1	
A COLUMN								83	1	حري	eng.	ton	5+.	
5. \$	M	6. RACE)	· MARR	NEVER M	ARRIED	8. DATE	of BIRTH	3/190	9. AGE (In lost birthda 2	69	If Under Months	Days Hau	Under 24 Hrs.
				OB. KIND	OF BUSINESS O	R INDUSTRY	11. BIRTH	PLACE (Stole of forei			12. CITIZ	EN OF WH	AT COUNTRY?
con	BAKEN		w % tented)	K	ices		JUEE	HUST	OW NO	1	Ma		V.	3
13.	FATHER'S NAN	AE L		1	H		14. MOTI	HER'S M	AIDEN NAA	AE D	1	bea		
15.	Was Deceased	Ever in U. S.	Armed Force	s?	I 6. SOCIAL		17. INFOR	MANT	u sy	1			ADDRESS	
(Ye:	i, no ar unknown)	(If yes, give	wor or dates	of servi	216-09		10		. Uc	Must	9 21	M	- d .	
	18. / 9 9	. /				E OF DEATH					1-1		APPROXIMA	ATE INTERVAL
		E OR COND		CTLY			-		mal	o Co		В	ETWEEN ON	SET AND DEATH
	(This does no	of mean the	mode of d	lving.	10-0	MEDIATE CAU	SE '					ome		
	heart failure, injury or com	asthenia, elc.	. It means t	he dise	ise,	JE TO, OR AS A		UENCE C	umon	y Si	k			
	A	NTECEDENT	CAUSES		(n)			V		V				
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:									0 *** = 0 = 0 = 0 = 0 = 0 = 0				
	UNDERLYING	CONDITIO	iuse (A) a N lost.	staling	the (C)									
		П			(0)									
HON	OTHER SIGNIFI													
CA.	DISEASE OR CO	ONDITION GIV	EN IN PART	1 (A).	OR WHICH OPER	ATION	120A-A	LITOPSYS	(Yes or No)	208 IS V	ES, WERE F	INDINGS	CONCIDENT	
ERTIF	0		WAS PERFO		ok William Orek	AIION	200.4	UIOFSI	1162 01 140	IN CERTI	FYING CAL	SES OF D	EATH?	:D
	21 A ACCIDEN OR CONTRIBUT DEATH Innify	TING CAU	SE OF		218 PLACE OF II home, form, focio etc.)	NJURY (e.g., in try, street, off	or obout	NJURY (ERE DID	(11	In Boltimore	City, give	exact locati	on)
MEDICAL		(Month) (Da	~	0	21E INJURY OC	CURRED		2) 5 1101	1- 1					
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					Work LJ	At Work				-		1		
					d the deceased	fram 14	121	0.1			. 12		-	19
	that (I) (we)		1				19	71		it In(my)	(aur) opin	ion death	accurred	an the date
	and hour and 23A, 51GN AT UI	from the co	uses state	d abave	. (I) (We) (did)	(did not) vi	ew the b	ady aft	er death.					
	237. 3.017.101	"	101	1		Atten	ding m	Med	. m :	Staff [238, DATE	SIGNED	
	23C. PHYSICIAN NAME (Ty	WS	m l			DEGREE Phys.	D. ADDR		clor	Staff Phys.				
	NAME (Ty	pe)	1 V. 6	TAR	10 1	AH	> .		S Ha.		5+	Ba	140	1. 0
24A	BURIAL CREA	AATION, 248.	DATE	240	NAME of CEME	DEGREE	MATORY	1	24D. LO	CATION	(City	, lown, or	county)	(State),
	SEMOVAL IS	4 1-	7-24-	711	11+ 131	inst	0	m.	R	14		-		what.
25A	DATE REC'D	BY HEALTH I	DEPT. 2	S NAK	E OF RESISTER	100			DIRECTOR	2510			DDRES	5/ 1172
		DEC 27	19/1	104	e e. Jane	A. C. D.	1	1	10Cu	110.	- 130	2.5.1	Port	Hue
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	-520	1013		BALTIMORE CITY			REG, NO	71 1	1941	
	TH NO. 71 1.	1941		CERTIFICA	IE OF					
(Ту	pe or Print)	Fran.	2 50	mep		12	122 17	1)	1	9 00 M
3.	PLACE IN BALTIMORE, MA	ARYLAND, WHERE	PRONO UN CED	DEAD	4. USUAL A, STATE	RESIDENCE (Whe	re deceased lived.	Il institution:	residence before	e odmission)
HC	LL NAME OF (IF NO SPITAL OR ADDRESSITUTION	T IN HOSPITAL OF	NOTTUTION,	GIVE STREET	C. CITY O	RIOWN	10	INSIDE CITY	60	3
		HOPKINS	HOSPIT	Λ.		TIMORE		YES X		
	3	HUEKINS	nu o ni i	-11	E. STREET	AND NUMBER	AN ST.			
5. 5	EX 6. RACE	7. M	ARRIED NE	VER MARRIED	8. DATE O		9. AGE (In years	if Und	ler 1 Yr. If U	nder 24 Hrs.
	1 N		OWED	DIVORCED	4-1	/	63	Months	Doys	IVIIn _e
don	. USUAL OCCUPATION (Give a glaring most of working life, e	ve kind of work 10B, I	IND OF BUSIN	ESS OR INDUSTRY	11. BIRTHP	LACE (Stole of fore	ign country)	12. CI	TIZEN OF WHA	COUNTRY?
1 ×	anitation &	Dept. 1.	Balto. G	ty	do	usian	a		U.S.	A.
13.	FATHER'S NAME	_			14. MOTH	ER'S MAIDEN NA	ME		. 0	
	VINCENT	Line and the second	EK		E	LIZABETH	fre	rous	rek	
15. (Yes	Was Deceased Ever in U. S i, no or unknown) (If yes, give	Armed Forces? wor or dotes of s	ervice) 1 6. SO	CURITY NO.	17. INFORM	ANT			ADDRESS	
	NO		218	8-18-6742	mary	Runge	229 N.	Dunc	an It	
	18. 199, 1		(CAUSE OF DEAT	Cal	in an	Allenia		APPROXIMATI	
	DISEASE OR CON LEADING 1		Y		No	a Dela A	JAN		0	
	(This does not meen th heart failure, asthenia, et	e made of dying	isease,	DUE TO, OR AS	SE VITA	ENCE OF:	me Carry	Love	000	100
	injury ar complication wh	nich caused death	1		,	call	- 4			
	ANTECEDEN			(B) 2911	mbe	co Color C	arlen	ma		
	nise to the above of UNDERLYING CONDITION	cause (A) statio	g the	(c)	A CONSEQ	UENCE OF:				
				(0/						
CERTIFICATION	OTHER SIGNIFICANT COND TO THE DEATH BUT NOT R DISEASE OR CONDITION G	OITIONS CONTRIB	MINAL				000 00 00 00 00 00 00 00 00 00 00 00 00			
IFIC/	19A. DATE OF OPERATION	198. CONDITION	FOR WHICH	OPERATION	20A. AU	TOPSY? (Yes or No	IN CERTIFYING	RE FINDING	S CONSIDERED	
CERT	21A. ACCIDENT WAS UN			00 111111011	1 102	jes				
ا براا	OR CONTRIBUTING CA	USE OF	home, form,	OF INJURY (e.g., ir , foctory, street, of	ice bldg., IN	IJURY OCCUR?	(If In Bolt	imore City, gl	ve exact lacation	n)
EDI	21D. TIME (Month) (E	oy) (Yeor) (Hor	1 21E INJUR	Y OCCURRED	21	F. HOW DID INJ	URY OCCUR?			
2	(APPROX.)		While At E	Not While						
	22. I certify that (1) (th	is hospital) atte	nded the dece	eased from		12/21	19-7/ ta	7	2122	1977
111	that (1) (we) last saw th			12/2	7 19	2 and the	at In (my) (aur)	apinlan ded	oth accurred a	on the date
	and have and from the c	auses stated ab	ave (I) (We)	(did) (did hat) v	lew the ba		. 101			
	23A. SIGNATURE	m1 00	1 /~	00.1			,	238, DA	TE SIGNED	. /
	18	Hollen	stre/D	DEGREE Phys		Director L	Staff Phys.	12	12217	
	23C.PHYSICIAM'S NAME (Type)	. D. HoL	LENBER	G	3D. ADDRE		1001110	HOCDI.	TAL	
24A	BURIAL CREMATION, 24	B. DATE	DAC MAAAR 1	OEGREE CON	THE			OSPI.		
1	REMOVAL (Specify)	o la la	24C, NAME of	CEMETERY OF CRE	MATORY	24D. LC	CATION	(City, town,	or county)	(Stote)
25A	Burial /	2/27/7/	AME OF PEGE	Aldelm	er.	8 4 4	Balto	med.		
1	OFC 2		AME OF PEG	ale de s	A)	NERAL DIRECTOR	0	1911	ADDRESS	(
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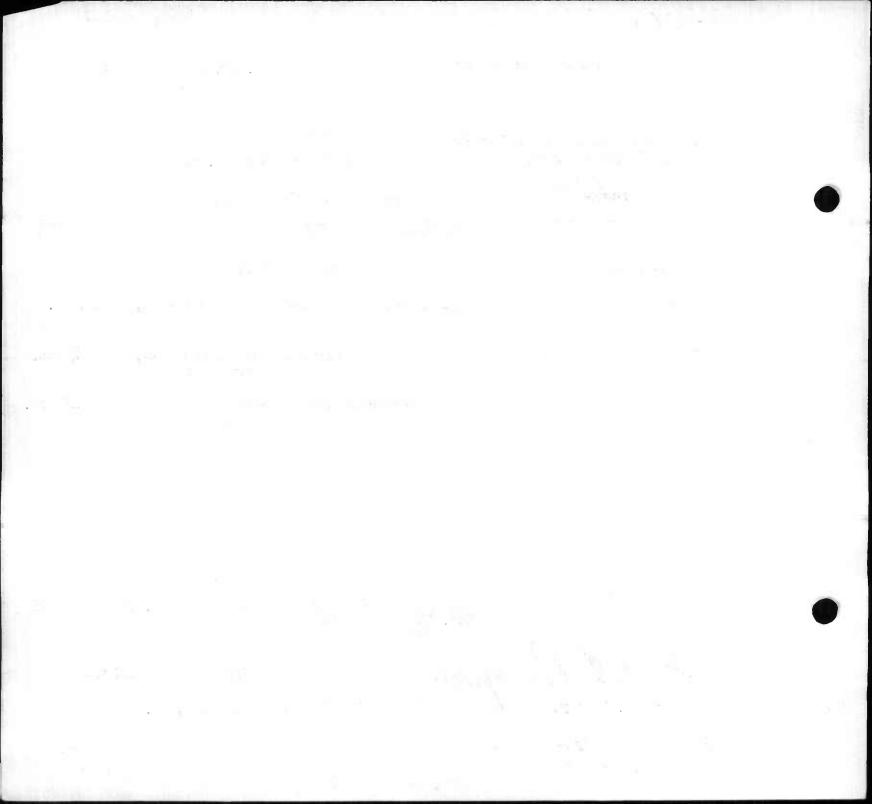
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RAITIMORE CITY HEALTH DEPARTMENT

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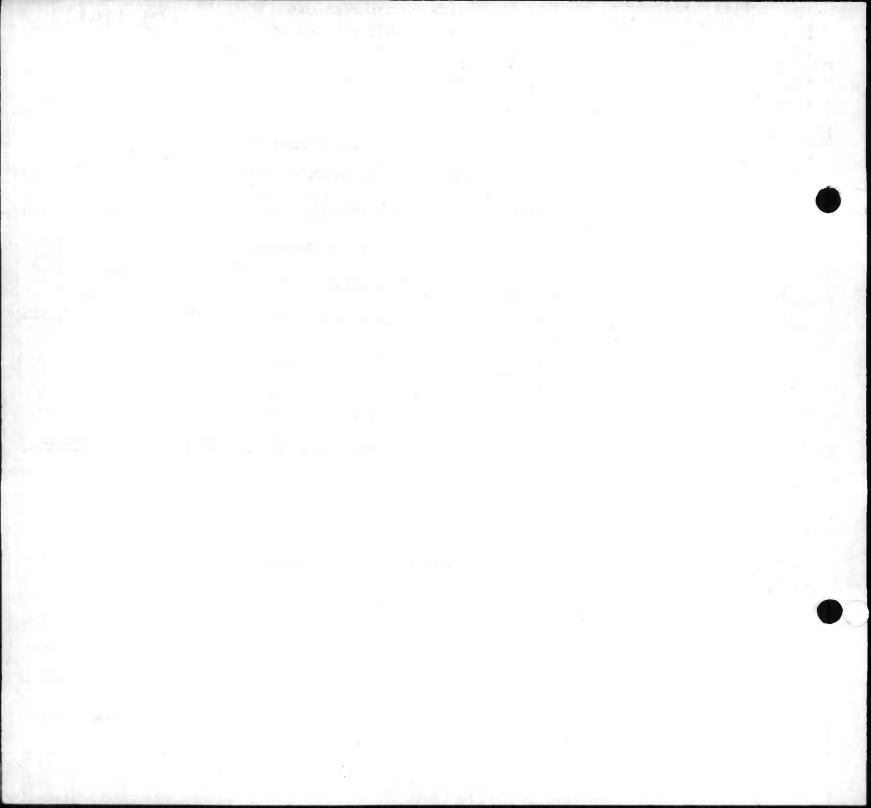
	4111 140,	71 11948	3	CERTIFICA	ATE C	F DEATH	REG. NO.	71 1	1942	
Ту	NAME OF DEC	Robert	Edison	-			c. 22, 1971		7:50	A
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	JNCED DEAD	A. STAT	AL RESIDENCE (WH	ere deceased lived If		residence befo	re odmission)
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	C CITY	DC OR TOWN	10 10	leine cont	14470	十分
		ic Health Ser	vice Ho	spital	Wa	shington		YES	_	
å	310	00 Wyman Park	way		E. STRE	et and number 912 Arkans	as Ave. NW			
	SEX M	Magner	WIDOWED	NEVER MARRIED DIVORCED		OF BIRTH 2/12/12	9. AGE (In years lost birthday)	If Under Months	Doys Hour	nder 24 Hrs.
NO i	COOK	PATION (Give kind of work rorking life, even if refired)	10B, KIND OF	Seafarer	11. BIRTI	BWI	eign country!	12. CIT	ZEN OF WHA	USA
13.	FATHER'S NAA				1	HER'S MAIDEN NA				
1.6		l King				bertina Sk	ceet			
Ye	No or unknown!	Ever in U. S. Armed For (If yes, give war or date	ces? s af service)	16. SOCIAL SECURITY NO. 095-22-9569	17. INFO		PHS Hosp	ital,	ADDRESS Balto,	Md.
	18. 154	- / 1		CAUSE OF DEAT	Н				APPROXIMAT	
	1	E OR CONDITION DIS LEADING TO DEATH		(A) IMMEDIATE CA	M	etastatic	adenocarci	noma.		mos.
	heart failure, asthenia, etc. It means the disease.						tra=abdomin			
	ANTECEDENT CAUSES Adend					inoma of r			,	0
	DISEASES OF	R CONDITIONS, if	any, giving	(B) DUE TO, OR AS	A CONSE	QUENCE OF:	ec tun			8 mos.
	nse lo lhe	above couse (A) CONDITION tast,	sloling the	(c)						
NO	OTHER SIGNIFIC	II CANTCONDITIONS CON	JTPIRITING.	\						
ATIC	DISEASE OR CO	I BUT NOT RELATED TO THE INDITION GIVEN IN PART	E TERMINAL	************		***************************************			************	***************************************
E	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED					NO NO	IN CERTIFYING C	FINDINGS AUSES OF	CONSIDERED DEATH?	
S	DEATH (nonly)	T WAS UNDERLYING TING CAUSE OF medical examined	21 B, I home etc.)	LACE OF INJURY (e.g., I form, foctory, street, o	n or obout Nice bldg.,	21 C. WHERE DID INJURY OCCUR?	(If In Boltime	ore City, give	e exect location	1)
3	21D. TIME OF INJURY (APPROX.)	Monthi (Doy) (Yeori		NJURY OCCURRED At Work		21F. HOW DID IN	URY OCCUR?			
- 1		L. 100/101 - 1 - 10 10	1 11 012	AT WORK						
	that () (we) !	hat (i)/(this hospital) ast saw the decease	attended the	Dec. 22	July	71	19 71 10	Dec. 2	2	197_
	and hour and	from the causes state	d-qbave. (1)	(We) (dld) (djd/not) v	lew the b	and after death.	at In(my) (aur) ap	inian deaf	h occurred o	in the date
	23A. SISTYATUR	0111							E SIGNED	
	JAN 23C. PHYSICIAN	U.S. Ko	melej	DEGREE Phys		Med. Director	Staff Phys.	127	23/71	
	23C.PHYSICIAN NAME (Typ Harol	l E. Ramsey,	Medical	1	23D. ADDR		+ol Pol+o	Ma		-
24A	BURIAL CREM			AE of CEMETERY OF CRE			tal, Balto,	ity, town, o	r county!	(Stote)
4	Remove	1 12/23/7	1 Fluch	in Const			51	/.	11	//
25A,	DATE REC'D	Y HEALTH DEPT.	25B. NAME OF		25C. F	UNERAL DIRECTOR		Ming	ADDRESS	W 101/L
/S 1	50-REV. 1/1/68	C 27 19/1	Pober E.	Valley MD	W	Cook Brook	s Towson Ing	_	oso you	2021208



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

E	240	Pul 4	14045)	BALTIMORE CITY	HEALTH DEPARTMEN		71 11943
	H NO.	2/1]	11,940	2	CERTIFICA	TE OF DEAT	H REG. NO	17 17.10
1. N	AME OF DEC		- 1 -		9 4		E AND HOUR OF DEATH	9.5- 5
	C	ICHLE		2//1	ARTHUR O		lec. 23, 19	7/ 2. J. P M.
					DUNCED DEAD			institution: residence before admission
HO	LL NAME OF SPITAL OR TITUTION	ADDRESS	OR LOCATI	OR INST	TUTION, GIVE STREET	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS? 2/22-6
	0 0	0 11	1901	1 8	pospital	E. STREET AND NUMB	esner	YES NO NO
24.3	River	g m	nw	1 /4	organia -	1600	V. Chapel	Frid Hise
5, \$	EX	6. RACE		MARRIE	I MEASK WAYKIGED	8. DATE OF BIRTH	9. AGE (In Years lest birthday)	If Under 1 Ye. If Under 24 Hrs. Months Days Hours Min.
			und of work 10			11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
dos	during most of	working life, ever	If retired)	PR!	NT1136-	Herry	nany	U.S.
13.	FATHER'S NAM	ME	1 1			14 MOTHER'S MAIDEN	NAME	
	Les	may E	cohler	/		Bertha	fritty (FORE \$
15, \ (Yes	Was Deceased una er unknown)	Ever in U. S. Uf yes, give v	Armed Force war of doles	s? of service	SECURITY NO.	17. INFORMANT	160	ON N. SHAPEL ST.
	NO					Alorge	otto BA	270, Mon 212 13
	18. DISEAS	E OR COND	TION DIRE	CTLY	CAUSE OF DEATH	(HA) J	rev. Dr Red 1.	Ag Agretween ONSET AND DEATH
		LEADING TO			(A) IMMEDIATE CAU	E Wentreuls	's franklal	in few ones
	heart failure,	of mean the	It means fi	e diseas	DIJE TO OP AS	CONSEQUENCE OF:	,	1
	Injury of com	plication which	h covsed d	leath.)	RUNT	0 117 1	alment fl	rilled That
		ANTECEDENT	- 1		(B)		The second	way Jungs
	rise to the	or CONDITION above ca CONDITION	use (A) s		· C1	A CONSEQUENCE OF:	indelen	
	UNDEKLING	CONDITION	l lost,		(c)			
NOL		ICANT CONDIT H BUT NOT RE						
CAI	DISEASE OR C	ONDITION GIV	EN IN PART	T (A).	WHICH OPERATION	[20A-AUTOPSY? (Yes	or No. 208, IF YES. WERE	FINDINGS CONSIDERED
CERTIFICATION	0		WAS PERPO	RMED			IN CERTIFYING C	AUSES OF DEATH?
	21 A. ACCIDEN OR CONTRIBU DEATH (notily	TING CAU	ERLYING D	lh:	IB PLACE OF INJURY (e.g., ir ome, form, factory, street, of c.)	or about 21 C. WHERE Dice bidg. INJURY OCCU	ID (II In Baltime	ore City, give exact location)
1 60	21D. TIME OF INJURY	(Month) (Do	y) (Year)	(Hous) 2	E INJURY OCCURRED		INJURY OCCUR?	
8	(APPROX.)				Vhile At Work Not While			
	22. I certify	that (1) (this	hospital)	attended	the deceased from	200: 14		104 23 197/
	that (1) (we)	_			4/1/1 3 7	197/ar	nd that In(my) (our) of	olnion death occurred on the date
	and haur and	d from the ca	uses state	d above.	(1) (We) (did) (did not) v	ew the body after de	ath.	
	23A. SIGNATU		P	(/	10 110			238. DATE SIGNED
	10	nnh		M	DE OKEE!	iding Med. Director	Staff Phys.	Jet 23,1971
	PHYSICIA NAME IT	ypel EMHA	P,	INL	OLOS HU	20. ADDRESS Church	Arme	a frojetes
24/	See 3 M		DATE TOPE T	24C.	NAME OF CEMETERY OF CRE	EMETER!	BALTO, MD	City, town, or county! (State)
254	DATE REC'D	BY HEALTH	DEPT.	SE NAMI	OF REGISTRAR	25C; FUNERAL DIRE	CTOR	ADDRESS/ 4
		DEC 27	1971	- Soul	E. Jaba Fr. D.	25C FUNERAL DIRE	HTUNGRAL h	MIC; BALTO, MD 21206
VS	150-REV. 1/1/	68						



This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a hospital and the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pranaunced death was in regular attendance on the deceased prior ta death); and (6) Na physician was in regular attendance and the deceased prior ta death. Such written approved must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the body was released to the hasp shaws: (1) An accident af any nature was D.O.A. at a hospital (except vecessed prior ta death); and (6) written appravel must be abtained	

1) 15	-/		BALTIMORE CIT	Y HEALTI	DEPARTMENT	1	m. 1 . 1 . 1 . 1 . 1	
Lines	H NO.	71 1194	4	CERTIFICA	ATE C	F DEATH	Registered No.	71 11944	
M. E.	AME OF DEC	EASED					ND HOUR OF DEATH		_
(Тур	a or Print)	les E. Deff	inhalle	h		Dec	20, 1971	10:30 P	AA
3. P	LACE OF DE	ATH IN BALTIMORE, MA	RYLAND	11		AL RESIDENCE (Who	ere deceased fived, If i	nstitution: residence before admiss	ion)
					A. STAT			6501	5
H	ULL NAME OF INSTITUTION	OF (If not in hospital oddress or locatio		give street		OR TOWN (If or	Iontgomery	RURAL and give township)	
4	-8				D. STRE	ilver Spr	rural, give location)		
Ma	arylan	d General H	ospita	1	1	0609 Bucl	cnell Driv	e	
5. S		6. RACE	WIDOWED	NEVER MARRIED DIVORCED (specify)	T 7	27, 1903	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 I Months Days Hours Min	drs.
IOA.	USUAL OCC	White	Marr	1 ed BUSINESS OR INDUSTR	Y 11. BIRT	HPLACE (State or for	eign country)	12. CITIZEN OF	
		warking life, even if retired)						WHAT COUNTRY?	
	etired		U.S.	Post Office	Was	hington. D	.C.	USA	
13.1	FATHER'S NA	ME			14. MO	IHEKS MAIDEN NA	IME		
	Singlet	on M. Deffinb	augh			Mary I			
15. V (Yes	Nos Deceasad	Ever in U. S. Armed For	cos?	1 6. SOCIAL SECURITY NO.	17. INFC	RMANT	2724 Woode	deed Rd	
	no	none		213-44=7123	Che		finbaugh.		ing
	1B. H	SE OR CONDITION DI	RECTLY	CAUSE	OF DEATH	i .	Timbangn,	INTERVAL BETWEEN ONSET AND DEATH	Md.
	(*)	LEADING TO DEATH		(A)	ma	ac and	<i>el</i> :	menules	
11 1		nat mean the made of asthenia, etc. It maans		DUE TO			*		
		nplication which caused		n		a hil.	1-1/4	a sa sa sa sa sa sa sa sa sa sa sa sa sa	
		ANTECEDENT CAUSES		(B) DUE TO	zan	andier (LA	gumon	monung	
		OR CONDITIONS, if		6		277		660.000	
		e abave cause (A) G CONDITION last.	sloling the	(C)	ang.	y alpeno	acuman	20 Mears.	
		11			/				
ATION	TO THE D	IFICANT CONDITIONS OF THE PROPERTY OF THE PROP	ATED TO TH	G E					
S		OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A.	AUTOPSY? (Yes or N		FINDINGS CONSIDERED	
ERTIFIC	0	WAS PER	FORMED			no.	IN CERTIFYING CA	USES OF DEATH?	
C	OR CONTRIB	NT WAS UNDERLYING DING CAUSE OF medical examinar	21 B. hom etc.	PLACE OF INJURY (e.g., e. form, factory, street,			(If in Boltimor	a City, give exact location)	
ā	21 D. TIME	(Month) (Doy) (Year)	(Haur) 21 E.	INJURY OCCURRED		21 F. HOW DID IN	JURY OCCUR?		
5	(APPROX)		Wh Wa	ile At Not Wh	ile 🗌				
	22. 1 certify	that (1) (this hospita	l) attended ti	he deceased fram	Seal		1956 to R	4. 20 19.7/	
11 1		last saw the decease						inian death accurred an the	
	and haur an	d fram the causes sta	ted abave. (I) (We) (dtd) (did nat)	view the	bady after death.			
	23A. SIGNATI	JRE	11 -11	/				23B, DATE SIGNED	
	X	lenuh 1. H	froll.	M.D. At	ys.	Med. Director	Stoff Phy s.	12-21-11.	
	PHYSICIA NAME (1		T. Kimb	le, Md. M.D	23D. ADI	RESS / Lengis	a ane , Sila	er Spring med	
24A	BURIAL CRE	MATION, 24B. DATE	24C. N/	AME of CEMETERY OF CI	REMATOR	24D.	LOCATION (C	ity, town, or county) (State	e)
	REMOVAL		F	t Times - Com	A +				
	Burial	12-23-71 BY HEALTH DEPT.	The second secon	t Lincoln Cem				rince Georges	Md.
25A	. DATE REC D	EC 27 1971	Pole 8	Jaber M.D.		C.Glen Car rner E. Pui		8434 Ga. Ave. S	S.
VS	150-REV. 1/1/	65							10.

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VS 150-REV. 1/1/68

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BI	172 11000	Y HEALTH DEPARTMENT REG. NO. 71 11945	
(1)	NAME OF DECEASED YPE OF Print) PAUL RESTIVO	2. DATE AND HOUR OF DEATH	Р.,
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before A, STATE B, COUNTY	ne admission
FLHIN	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. BALTO C. CITY OR TOWN D. INSIDE CITY LIMITS?	4
	UNIVERSITY HOSPITAL	5505 Force Rd. YES X NO.	
	38	E. STREET AND NUMBER Bal to . Md.	
S.	SEX 6. RACE 7. MARRIED NEVER MARRIED		Jnder 24 Hrs.
10,	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY		T COUNTRYS
00	ne during most of working life, even it refired)	GO. NEW YORK U.S.	i cookiki
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	GAITA	
(Ye	s, na or unknown! (If yes, give war ar dates af service) SECURITY NO.	17. INFORMANT ADDRESS (A) IFE - E1 1740 FTH 6505 FOR	9C = 00
\parallel	yes	BALTO, M.	P 21206
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONS	TE INTERVAL ET AND DEATH
	(A) IMMEDIATE CAL heart failure, asihenia, etc. ft means the disease, injury ar camplicalian which caused death.)	USE ACUTE RENAL FAILURE 6 O	lays
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (8) ANEM (DUE 10, OR AS	A CONSEQUENCE OF:	up.
	tise to the above cause (A) staling the UNDERLYING CONDITION last.	ONIC MYELOGENOUS LEUKIMIA &	lyrs
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
ERTI	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?)
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in contribution CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in contribution CAUSE OF Contribution CAUSE OF CAUSE	n or about 21C, WHERE DID (If In Soltimare City, give exact location ffice bldg., INJURY OCCUR?	n)
	21 DaTIME IMenth (Day (Year) (Hours 215 INTURY OCCUPAND		

OF INJURY 21F. HOW DID INJURY OCCUR? Not While While (APPROX.) 22. I certify that (I) (this haspital) attended the deceased from Dec that (1) (we) last saw the deceased alive and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 238, DATE SIGNED Attending Med. Director Staff Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS E 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE of CREMATORY 24D. LOCATION (City, tawn, or county) (State) BURIAL Holy Redeemer Cemetery Balto. Md. 25C. Schimunek Funeral Homes,

Lane, Balto Md

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stan ie d ind;	e or	1
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his so, of all	tence ad o	l
A Al	alm a	I
iner	ula	
xan cam	reg re	l
e e ; (3)	ins o	l
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	wa	
ef m me dy b	cian he re	-
chi y a	the hysi	
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Is re	ior t	
ifice we 1) A	d pr	
cert bod)	D.O den	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

	1120	9		BALTIMORE CITY	HEALTH DEPARTMENT	}	74 44040
	-6307	1 1194	6	CERTIFICA	TE OF DEATH	REG. NO.	71 11946
	TH NO.					AND HOUR OF DEATH	
	Pe or Print)	Anna	Maria 1	Fried		Dec. 19, 19	7:10 P. M
3.	PLACE IN BALTIMOR	E MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO		institution: residence before admission)
HC	LL NAME OF (III	DORESS OR LOCA	AL OR INST	TUTION, GIVE STREET	c. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	2)	10 East E	ager S	t.	Balto.		YES NO
	00				3448 Carden	as Ave. Balto	o. Md. 21213
3. 5	F 6. RAC	W	7. MARRIED	NEVER MARRIED DIVORCED	10/28/80	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATIOn during most of working	lite, even if retired)		be Business OR INDUSTRY	11. 8IRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
12	FATHER'S NAME	3	au	HOMO	14. MOTHER'S MAIDEN N		
13.	Joseph Ba	rurek			14. MOTHER'S MAIDEN N	IAME	
5. Ye	Wos Deceased Ever in s, no or unknown) (If yes	U. S. Armed For	ces? as of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			220-22-9336	Mary Novak (sister) same	address as above
NO	DISEASES OR CO	ve couse (A) IDITION lost. II CONDITIONS CO	ony, giving the stoting the NTRIBUTING	(C)	CICHAL OF:	teurebro	zis "
FICATI	TO THE DEATH BUT DISEASE OR CONDITI 19A. DATE OF OPERA	ON GIVEN IN PAR	T 1 (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes or		E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC	21A. ACCIDENT WA			B. PLACE OF INJURY (e.g., i	n or obout 21 C WHERE DID		ore City, give exact location)
CAL	OR CONTRIBUTING	CAUSE OF	ho	ome, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(II III DOMINIC	ore City, give exoct locolloni
MEDI	21D. TIME (Mont OF INJURY (APPROX.)	h) (Doy) (Yeor)	W	E. INJURY OCCURRED /hile At		INJURY OCCUR?	
	that (1) (west fast s	saw the decease	ed alive an				olnian death accurred an the date
	23A. SIGNATURE	2Kl	eine	OEGREE Phy	ending Med. Director	Staff Phys.	238, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	. Louis F	. Klime	es	23D. ADDRESS 4814 Bow]	eys Lane Bal	to Md 21206
244	BURIAL CREMATIO	N, 248, DATE		NAME of CEMETERY of CR	EMATORY 24D	. LOCATION (City, town, or county) (State)
	BURIAL	12/23/	71	Holy Cross Cem		Balto.	
2SA	DEC	27 1971	16Bert	E. Jaiber M.D.	Schimunek F	_	s, Inc. 3331 Brehms
-	100 001/ 1/1//0					Lane,	Balto. Md. 21213

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FUNERAL DIRECTOR: IMPORTANT

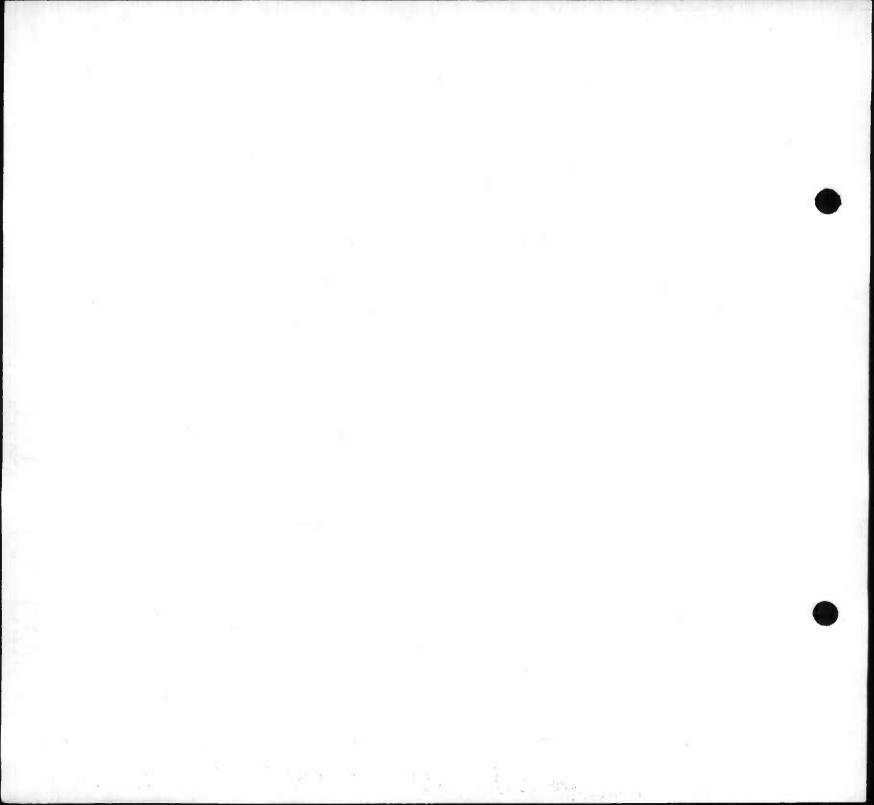
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

6-630 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 71 11947
BIRTH NO. 71 11047 CERTIFICATE OF DEATH
I. NAME OF DECEASED / 2, DATE AND HOUR OF DEATH
Type or Print garrity, John W. 12-22-1971 1147 am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
HOSPITAL OR ADDRESS OR LOGATION) FULL NAME OF 11F NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOGATION)
INSTITUTION ADDRESS OF EDGRIDAY C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO
E STREET AND NUMBER
Union memorial Hospital 618 E, 29th ST.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE lin years If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
WIDOWED DIVORCED 104 USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)
RETIRED CLERK BETHLEHEM STEEDO Mary Roud U.S. A
FRANK GARRITY ROSE HYATT
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
(1) Yes, no or unknown! (1) yes, give war or dotes of service! SECURITY NO. 215-12-7114 MRS. NELLIE A.GARRITY (SAME
18. 3 93. 21 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (*) SENTE A LUCE . SETE (A) IMMEDIATE CAUSE (*) SENTE A LUCE . SETE (A) IMMEDIATE CAUSE (*) SENTE A LUCE . SETE (B) INTERIOR A LUCE . SETE (B) INTERIOR A LUCE . SETE (B) INTERIOR A LUCE . SETE (C) INTERIO
this does not mean the made of dying. e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES (2) CA. Its viving & Cold hour
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF
UNDERLYING CONDITION lost.
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 1 (21B. PLACE OF INJURY le.g., in of obots) (If in Bollimore City, give exect locotion)
I As convenience of a success of the first of the little o
D 21D-TIME IMonth) IDoy) (Yead IHoud 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
Mork L At Work L
22. I certify that (i) (this hospital) attended the deceased from 12 - 19 7 to 12 - 2 19 1/
ing (1/44) 191 904 life deceased give out
ond hour and from the couses stated above. (i) (We) (did) (did not) view the body after death. 23A. SIGNATURE
Attending Med. Stoff 12 - 2 2 - 19)
23C, PHYSICIAN'S 23D, ADDRESS
TULIO BENTO RINI UUION MEMORIAL HOJOITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME at CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR 25C, SONG CO. 14 OF VONIR Pd
1 EG 4 31 1
VS 150-REV. 1/1/68

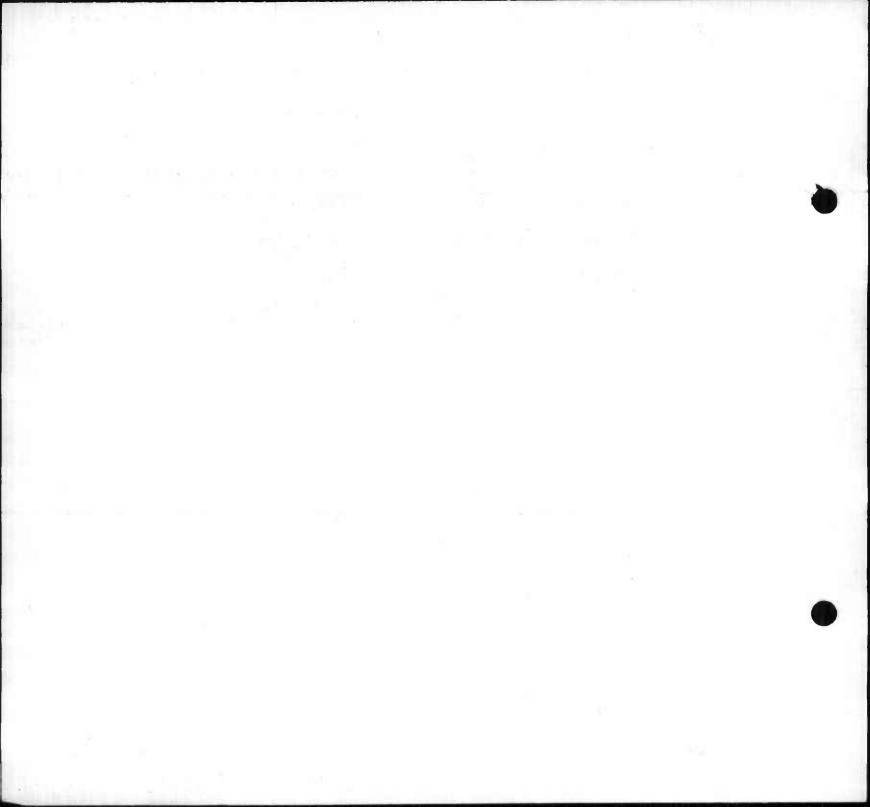


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1	410	171.0	BALTIMORE CITY	HEALTH DEPARTMENT	17	1 11040
BI	RTH NO.	/1 11948	CERTIFICA	TE OF DEATH	REG. NO	1 11948
1.	NAME OF DECEAS	SED			AND HOUR OF DEATH	
	ype or Print)	(ford, Roy A	FRED rick		-25-71	430
3.	PLACE IN BALTIM	ORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If	institution: residence before admission)
FU	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY AND THE
	14.3. PHS	Hospital a		SEATTY ?	=	SIDE CITY LIMITS?
\mathbb{D}	310 Wy	THAN TO ILL	100	E. STREET AND NUMBER		11.5
		nine, Md. 212		13028 24	N.W.	98107
3.	SEX 6.1	1 1311 1121 1121	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
10	A. USUAL OCCUPA	TION (Give kind at work 10 R. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lo	reign country)	12. CITIZEN OF WHAT COUNTRY?
00	DAFFIC	Ing life, even if retired)	ill of Whell	10-11-1	-)	
13.	FATHER'S NAME	OHUE MIN	IV. OF WASH	14. MOTHER'S MAIDEN N	AME	USA
	FUA	N ELFOR	٨			
15.	Was Deceased Eve	y in II. S. Armed Farger?	114 500141	17. INFORMANT	E	ADDRES
(Ye	s, no or unknown) (If	yes, give wor or doles of sen	security No.	0		1732 ARDAOWAY
K	18. 1 0 1	ISN 1950-175	CAUSE OF DEAT		1750N CO.	SEATTLE, WASH
	7.10	OR CONDITION DIRECTLY	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEA	DING TO DEATH	(A) IMMEDIATE CAL	Pasa Tom	Par e	surredeste
	heart failure, ast	mean the mode of dying, nenia, etc. It means the dis- ation which caused deoth.)	P.G.	A CONSEQUENCE OF:	facue	
		ECEDENT CAUSES	Dulmon	in consestion an	of bronchon	vermore 211/
		CONDITIONS, if ony, gi	(B) DUE TO, OR AS	A CONSEQUENCE OF:		4 of him
	underlying Co	bove cause (A) stoting	the control	wal lake a	estre cy ton	a 6 years
_		11	1			
100	OTHER SIGNIFICATION THE DEATH RE	NT CONDITIONS CONTRIBUTE UT NOT RELATED TO THE TERME	NG NAL DONE			
CAI	DISEASE OR COND	PITION GIVEN IN PART 1 (A). ERATION 198 CONDITION I	***************************************	100		
CERTIFICATION	2/	WAS PERFORMED	OK WHICH OPERATION	Les of N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	OR CONTRIBUTING	VAS UNDERLYING C G CAUSE OF Sicol exomined	21 & PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If In Boltimo	re City, give exact location)
MEDI	OF INJURY	onth) (Doy) (Year) (Houd	21 & INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
~	[APPROX.]		While At Not While At Work	<u>'</u>		
	22. I certify that	(F) (this hospital) attend	ed the deceased fram	F-30	19 7/ to /	19]
		t saw the deceased olive		19 7 / and t		nion deoth occurred on the date
	and have and fro	m the causes stated abay	e. (1) (We) (did) (did not) v	ew the body ofter death.		The second secon
	23A. SIGNATURE					23 B, DATE SIGNED
	23C PHYSICIANIS	+KKnch	DEGREE Phys		Staff Phys.	12/26/71
	23C. PHYSICIAN'S NAME (Type) RODERT			U.S. P.HS.	tospital 10	Bat. Md.
24A	REMOVAL (Speci	ION, 248, DATE 24	C. NAME OF CEMETERY OF CRE			ity, town, or county) (State)
IR	em.Buria	1 12-27-71	Washelli Cen		King Count	0 '
25A	DATE REC'D BY	- 0 - 0 7 0	ME OF REGISTRAR	25C. FUNERAL DIRECTO	inc o Com-	ADDRESS
1	EC 97 107	THE PERSON	in the	25C. FUNERAL DIRECTO H. W. Jenk 4905 York	rns & Sons < Road Ba	Co. lto., Md. 21212



7.00-0	Pi	111-9.70 /1 710/19	TE OF DEATH REG. NO. 71 11949
of death of death Deceased o on the	1.1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
hon on one		ype or Printle Carrie E. McCasland	
0	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	December 20, 1971 M. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
d d	H¢	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR FOWN D. INSIDE CITY LIMITS?
0 8 9	1	Union Memorial Hospital	Baltimore YES X NO
uting ad cau ar att prior		1	1915 Harman Ave. Bultimore, Md. 2133
ribu nine gula ed mad	11	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 His.
on on on on re- re- re- re- re- re- re- re- re- re-		A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY	12/25/88 82
or c ndet s in dec	don	ne during most of working life, even it refired)	11. BIRTHPLACE (Stote or lower country) Pennsylvania 12. CITIZEN OF WHAT COUNTRY? V. S. A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
irect (4) U (4) U wa the ispos		Peter Ruble	Ano
stant ind; ind; eath e on	15. (Ye	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT Harold McCasland ADDRESS
find drining	L	No 234-01-6804	1915 Harman Ave Buitings Md
any any ced nda		DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also, e of noun attermed		LEADING TO DEATH	Sere year
er o		heart failure, asthenia, otc. It means the disease,	A CONSEQUENCE OF:
E G DE		injury or camplication which caused death.) ANTECEDENT CAUSES	
xamixami) A fr who who are e		DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS	A CONSEQUENCE OF:
- 0 C C . 2 v		rise to the above couse (A) stating the UNDERLYING CONDITION lost. (C)	
adica dical rrns; sicia was main	Z	11 00	
ned bu bu bu shy	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ie Brain Ayndrme sevenlyeors
hief a r ody he l sici	CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUXORSY? (Yes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
he cl by (2) B re tl phy fore	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or contributing Cause of home, form, foctory, street, all	or obout 21 C. WHERE DID (If in Rollimore City, give exact legation)
by the pital bure; (2) where (2) No pl	Q C	OR CONTRIBUTING CAUSE OF home, form, foctory, street, all etc.)	ico bldg., INJURY OCCUR?
	MEDI	21D. TIME (Month) (Doy) (Yoor) (Hour) 21E, INJURY OCCURRED OF INJURY While AI Not While	21F. HOW DID INJURY OCCUR?
o o Du		Work At Work	
approtection to the the the the the the the the the the		22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased allve an	19 2/ and that in (my) (aur) apinian death accurred an the date
00		and haur and from the causes stated above. (1) (We) (atd) (did nat) vi	
eased eased ident nospit deat must		23A. SIGNATURE	23 B. DATE SIGNED
a h		DECISE Phys.	
certificate must body was releas vs: (1) An accide D.O.A. at a hos assed prior to de ten approval mu		Lay M. Limmovman M.D	3202 Harford Rd Baltimers Md
TA COBE	24A	A. BURIAL CREMATION, 124B. DATE 24C. NAME OF CEMETERY OF CREF	total to the state of the state
This certifue body shows: (1) was D.O. deceased written a	254		emetery Martinsburg, W.A.
This the Ishov was dece	-34	DEC 27 W/ Cube & C. Jackey M.D.	Nicholas T. Matthews ADDRESS
	VS	150-REV. 1/1/68	1 3021 Eastern Ave., Baltimore, Mr.



BIRTH NO.

1. NAME OF DECEASED

	BALTIMORE CITY HE				DEAT	H REG. NO.	1 11	950
		2.	DATE	Known 2	Month	Doy	Yeor	Hnur
ce Page			OF DEATH	Estimated 🔲	12	23	71	
ARYLAND, WHERE PRONC	UNCED DEAD	3.	DATE		Month	Doy	Year	Hour
of in Hospital or Institution, GIVE STREET (ESS OR LOCATION) 2331 Eutaw Place			PRONOUNCED DEAD 1			23	71	11:10a
			5. USUAL RESIDENCE (Where deceased A. STATE Md_{\bullet}			lived. If Institution: residence before odmission) B. COUNTY		
B. MARRIED	NEVER MARRIED	C.	CITY OR T	OWN		D. INSIDE C	ITY LIMITS?	
WIDOWED			Balt	0.		Y	ES 🗌	NO 🗆
	der i Yr. If Under 24 Hrs. hs Doys Hours Min.	Ε.		ND NUMBER 1 Eutaw P	lace			
	ITIZEN OF HAT COUNTRY?	13	. FATHER'S Joh		ge			

Lance Page	DEATH Estimoled 12 23 71	М
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 23 71 11:10	Da M
2331 Eutaw Place	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission at STATE Md . B. COUNTY	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
male Negro widowed Divorced	Balto. YES NO	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hours Months Doys Hours Minches Months Doys Hours Minches Months Doys Hours Minches Mi	s. E. STREET AND NUMBER 2331 Eutaw Place	
11. BIRTHPLACE (Stole or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY?	John R Page	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUS done during most of working life, even if refired)	15. MOTHER'S MAIDEN NAME Minnie	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (il yes, give wor or doles of service)	18. INFORMANT Cecelia Sampson, 221 N Fren	non
19. CAUSE OF D	EATH APPROXIMATE INT	
DISEASE OR CONDITION DIRECTLY	Cancer of lung	
LEADING TO DEATH		
	R AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, C	R AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION		
	WAS PERFORMED 21. AUTOPSY? (Yes or	No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, form, loctory, street, o	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) (fice bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRE OF INJURY (APPROX.) WHILE AT N WORK A	22F. HOW DID INJURY OCCUR?	
23. I certify that I held an Inquiry Inspection 🗆 x		
resulted from: Natural couses XX Accident Suit	Homicide Undetermined manner	
ACTUAL TO ALL MILL	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	ED
SIGNATURE SIGNATURE	ASSOCIATE MEDICAL EXAMINER 12/24/71	

24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county)

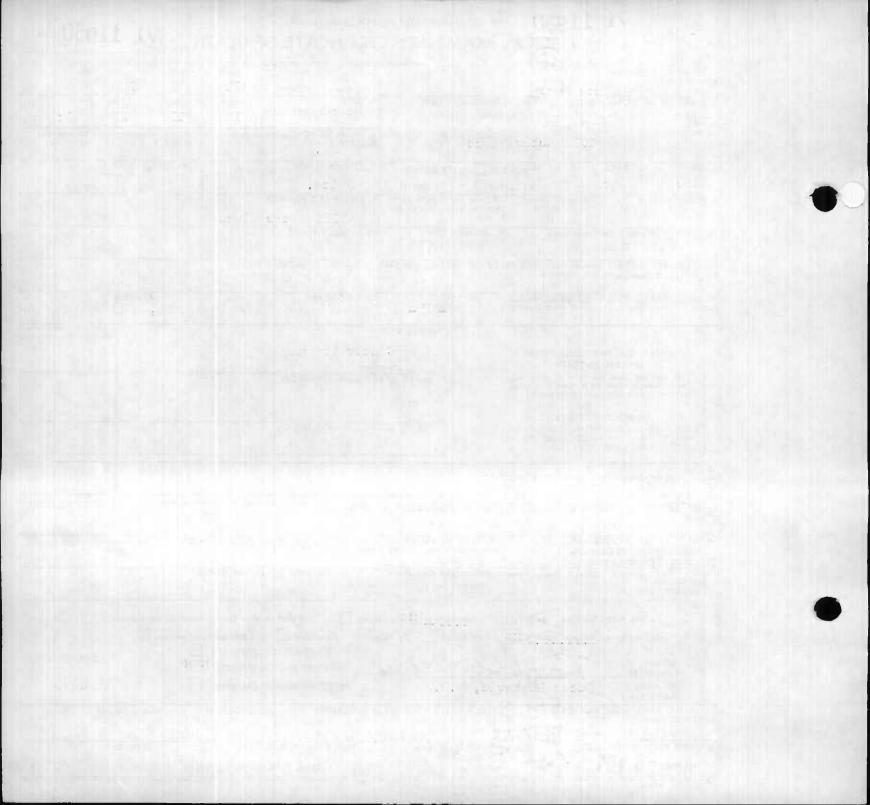
(Stote)

Burial 12/28/71 Mt Call 25A. DATE REC'D BY HEALTH DEPT. 25B. MANY OF RECKTRAR Mt Calvary Cometry A A County Md

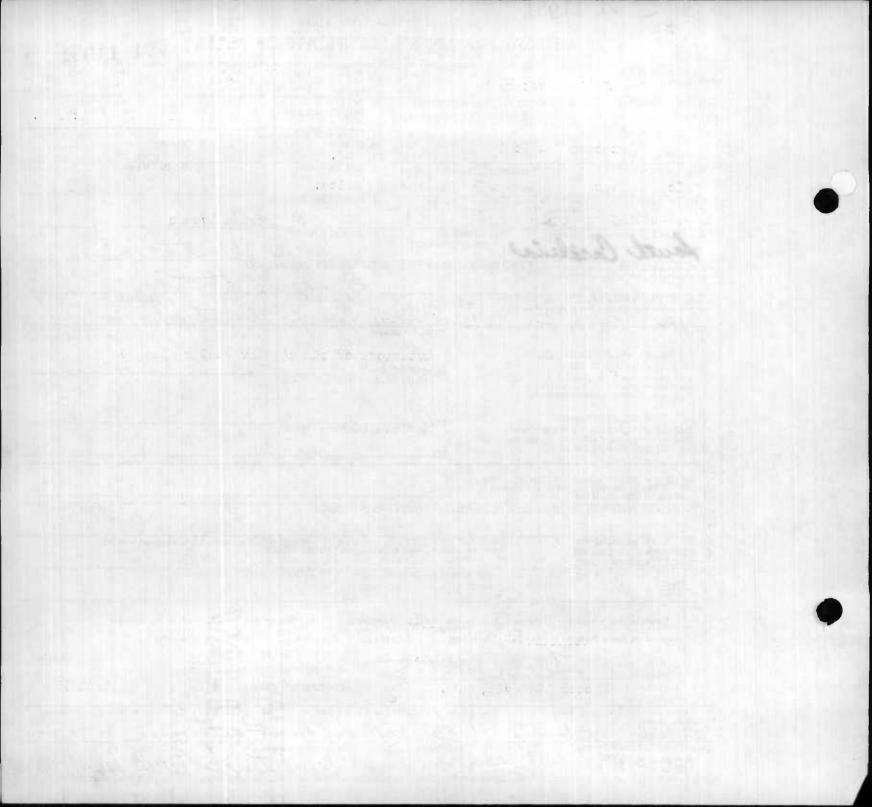
PERSTRAR 25C. FUNERAL DIRECTOR ADDRESS

VS 151-REV. 1/1/68

"orth Av Adolphus Halstead 1206 W



BALTIMORE CITY HE	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH TO NOTE 44054
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 71 11951
I. NAME OF DECEASED	2. DATE Known T Month Doy Yeor Hnur OF 12 22 71
(Type or Print) Julius Westbrook	OF DEATH Estimoted 12 22 71
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 22 71 1:15 a
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
Lutheran Hospital	A. STATE B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Md. ID. INSIDE CITY LIMITS?
MAKKIED LI NEVEK MAKKIED L	Delte C
male Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. 1 Under 24 Hrs.	713 11 110 110
lost birthdoy) Months a Days a Hours a Min.	
6-1-1716 55	1836 Loraman Avenue
11, BIRTHPLACE(State or foreign country) 12, CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
pour Carplina	Jana Westhrian
14A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	TY 15. MOTHER'S MAIDEN NAME
	Frances Sterling,
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((i) yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT
(Yes, no or unknown) ((i) yes, give wor or dotes of service) SECURITY NO. 112-09-486	Logal Westbreak Same
[19. // CAUSE OF DE/	ATH APPROXIMATE INTERVAL
7797	BETWEEN ONSET AND DEATH
LEADING TO DEATH	osclerotic cardiovascular disease
/AIMMPDIAIE	AS A CONSEQUENCE OF:
(This does not mean the mode of dying, e.g., heart lollure, osthenia, etc. it means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	Mark convergence of
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
	no
\$ 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.	, in or obout 22C, WHERE DID (II in Boltimore City, give exact location) ice bidg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- home, form, foctory, street, office uting Cause of Death.	ce blag., etc.) Hydri Occorr
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NO	T WHILE
23. m. WORK AT	WORK []
i certify that i held an inquiry inspection 🖾 A	utopsy and that an this basis, death in my opinion
	de Homicide Undetermined manner
resulted from: Natural causes Accident L. Suici	CHIEF MEDICAL EXAMINER
ACTUAL TIMES	ASSISTANT MEDICAL EXAMINER
SIGNATURE M.	o,
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER 12/22/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY (24D. LOCATION (City, town, or county) (Stote)
REMOYAL (Specify)	Men Sk. Baetimore ml.
1 Julian Valanti Confilling	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
THE LY OF THE WASSESS FOR THE PARTY OF THE P	
THE BUTTON OF THE PARTY OF THE	Mengion of seller 172111, Moure



IMPORTANT FUNERAL DIRECTOR:

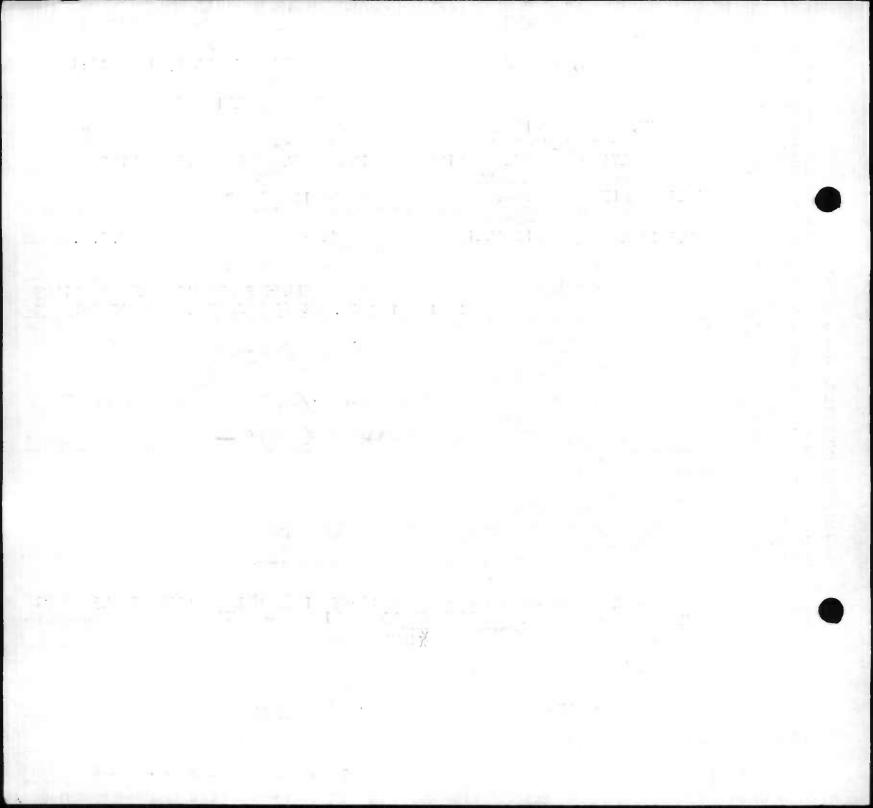
FULL	NAME OF TITAL OR TUTION Prov			STREET A. STAMA C. CITY Ba E. STRE	ryland OR TOWN 1timore ET AND NUMBER 10 Reistertown	D. INSIDE CITY LIMITS? YES EX Reisterstown	NO [
done d	1e	Negro ION (Give kind of working life, even if retired)		AARRIED B. DATE ORCED 7-4 OR INDUSTRY 11. BIRT		(In yeors If Under 1 Yr. Months Doys	
		MAHONEY.			EFFIE PARSOI	1	
Yes,n	o or unknown) (If y	in U. S. Armed Forces, give wor or dotes	of service) 16. SOCIAL SECURU	17. INFO		3427 Edmondson A	96
ri	DISEASES OR C	CONDITIONS, if obove couse (A)	ony, giving (B) stoting the	ME TO, OR AS A CONS	4nsuffaen	ay, RHD	# @ # # # # # # # # # # # # # # # # # #
RTIFICATION	DISEASES OR COSE TO THE SIGNIFICAN OTHE DEATH BUILDEASE OR CONDITION OF THE DEATH BUILDEASE OR CONDITION OR CONDITION OF THE DEATH BUILDEASE OR CONDITION OR CONDIT	CONDITIONS, if obove couse (A) DNDITION loss. II OT CONDITIONS CON IT NOT RELATED TO THE OTHER TO THE CONDITION GIVEN IN PART RATION 198. CONE WAS PERF	NTRIBUTING IE TERMINAL TI (A). DITION FOR WHICH OPER ORMED	RATION 20A.	AUTOPSY? (Yes or No) 208, IN C	IF YES, WERE FINDINGS CONSERTIFYING CAUSES OF DEATH	
MEDICAL CERTIFICATION	DISEASES OR COSE TO THE SIGNIFICAN OTHE DEATH BUILDEATH BUILDEATH BUILDEATH OF OPE	CONDITIONS, if obove couse (A) DNDITION losi. II NT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTICIPATION 198. CONDITIONS CONDI	NTRIBUTING IE TERMINAL TI (A). DITION FOR WHICH OPER ORMED	RATION 20A. INJURY (e.g., in or oboutory, street, office btdg.	AUTOPSY? (Yes or No) 208, IN C	IF YES, WERE FINDINGS CONSERTIFYING CAUSES OF DEATH	

BALTIMORE CITY HEALTH DEPARTMENT

. ATTHER THE PETER d , . . and brad dropt D. Coron (strengt) 2427 Limordage Ave.

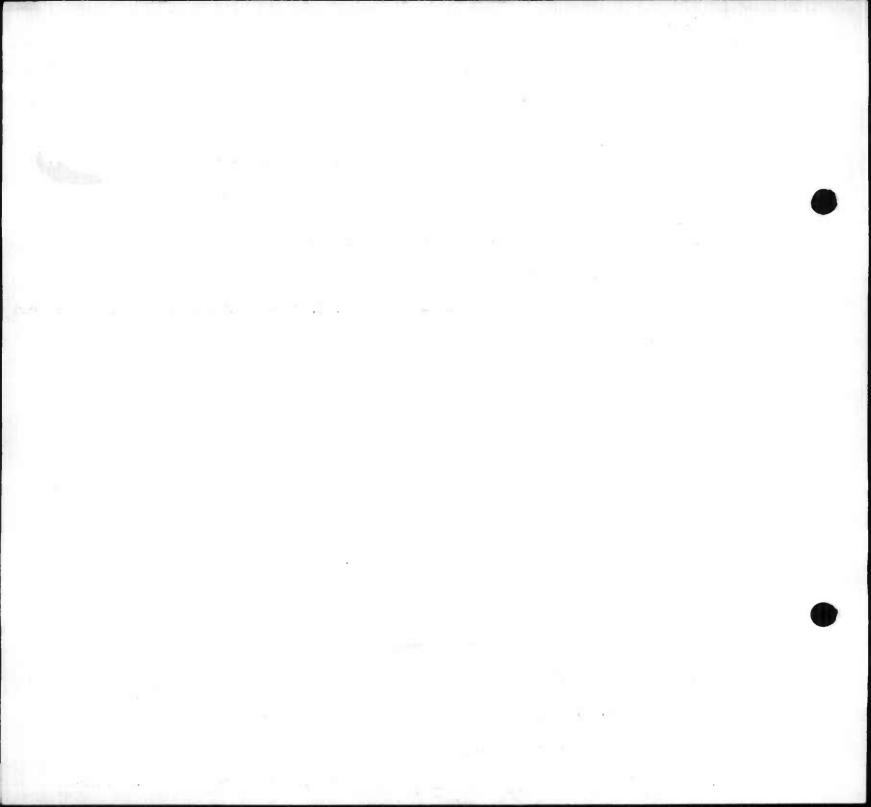
	ı
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

	TY HEALTH DEPARTMENT
BIRTH NO.	ATE OF DEATH REG. NO. 71 11953
(Type of Print) KAHL, THOMAS GEORGE	DECEMBER 23 1971 1 11:15A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DECEMBER 23 1971 11:15A M. 114. USUAL RESIDENCE (Where deceased lived, (f institution; residence before admission)
WILLIAM IN BUSINESS WILLIAM WI	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALTIMORE C. CITY OR TOWN 10. INSIDE CITY LIMITS?
ST. AGNES HOSPITAL	Arbutus D. INSIDE CITY LIMITS?
CATON & WILKENS AVENUE	E. STREET AND NUMBER
BALTIMORE MARYLAND 21229	1208 OAKLAND TÉRRACE RD 21227
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	S. DATE OF BIRTH 9. AGE Un years If Under 1 Ye. If Under 24 Hrs. Months Days Hours; Min.
MALE WHITE WIDOWED DIVORCED	07 05 11 60
done during most of working life, even if retired) Seagrams	RY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
CLERICAL DISTILLING	MARYLAND U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Kahl	Catherine Gunther
15. Wee Decessed Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT WILLEKENS AVENUE BALT OPPRESS 21229
NO 217 18 9	175 ST. AGNES HOSPITAL RECORDS CATON &
18. / / A CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	
heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
injury or complication which caused death.)	The time of the t
ANTECEDENT CAUSES (B) 1/1/0 (C)	archal infunction. Condictor-rest
DISEASES OR CONDITIONS, If any, giving DUE 10, OR.	carebral damage
UNDERLYING CONDITION last, (c)	Colore a marge
Z (I	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF DESTAINS OF CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OPERATION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING 11 (21B PLACE OF INJURY 10-10)	NO IN CERTIFIING CAUSES OF DEATH?
OR CONTRIBUTING TICALISE OF Theme form forlow street	, in or obout 21C. WHERE DID (If in Baltimore City, give exact location) office bidg., INJURY OCCURY
DEATH (notify medical examined etc.)	
210-TIME IMonth) (Doy) (Year) IHous 21E INJURY OCCURRED	215 HOW DID INJURY OCCUR?
(APPROX.) While At Not Work At Wo	hile C
22, I certify that (IX(this hospital) attended the deceased from	FCEMBER 19 1971 to DECEMBER 23 19 71
that M) (we) last saw the deceased alive an DECEMBER	23 19 71 and that In(My) (our) opinion death occurred on the date
and hour and fram the causes stated above. (1) (We) (did) (de)	
23A. SIGNATURE	238, DATE SIGNED
Rahman Karmy m Q	thending Med. Staff. A 12/23/7/
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Rahman Karimi	St. Agnes Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMETERY 24C. NAME OF CEMETERY OF CREMETERY 24C. NAME OF CEMETERY 24C. NA	REMATORY 24D. LOCATION (City, town, or county) (State)
Burial 12/27/71 Loudon Park Ce	metery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 28 TEN P.C. 20 2.0	Witzke, 1630 Edmondson Ave., 21228
V\$ 150-REV. 1/1/68	

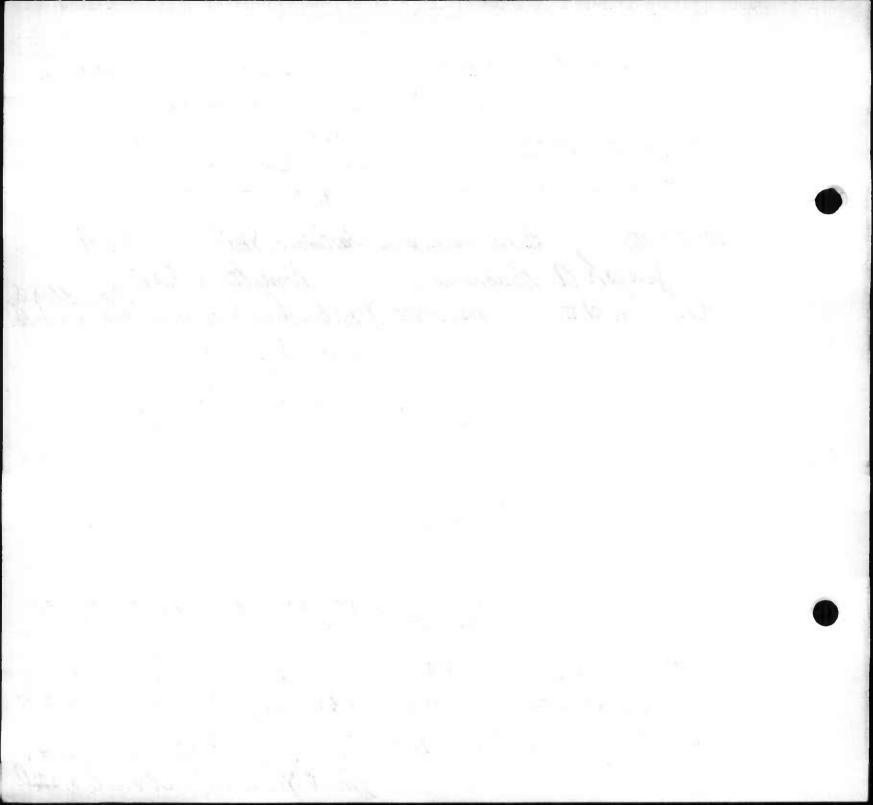


	1	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the		
body was refews: (1) An acci	eased prior to tten approval	
Thi the sho	Mer	ľ

1	-200) 1914 4	4054		HEALTH DEPARTMI		71 1	1954
-	TH NO.	71. 1	1954	CERTIFICA	TE OF DEA	IH (
	pe or Printl	Salvatore	J. Casc	io	2. 0.	ATE AND HOUR OF	71 TEATH	7 A
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONOUN	ICED DEAD	4. USUAL RESIDENC	E (Where deceased I	ived. If institution:	residence before odmission)
II He	ILL NAME OF DSMTAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTI	ON, GIVE STREET	Md c. CITY OR TOWN	Baltimore	D. INSIDE CITY	LIMITS?
	1+n	St. Agnes	Hospital		Catonsvill		YES] № [].
	10				E. STREET AND NUM 2321 Old	MBER Frederick	Road	
11	male 6	white	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 6/21/06	9. AGE (In y last birthday)	eors If Und Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
		ATION (Give kind of work	10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	or foreign country)	12. CI	TIZEN OF WHAT COUNTRY?
r	etired Pr	oprietor	Service	Station	Maryland		U	SA
13.	FATHER'S NAM				14. MOTHER'S MAID			
		vatore Casc			Late Franc	es		
n 15.	s, no of unknown)	ver in U. S. Armed For I yes, give wor or dote	s of servicel	5. SOCIAL SECURITY NO. 213-03-8481	Mrs. Q. Ja	ne Cascio,	2321 Old	ADDRESS Frederick Road
	18. 2/ /	9 41	4 = X	CAUSE OF DEATH				APPROXIMATE INTERVAL
		OR CONDITION DI	RECTLY		(h	1 ()	/ /	BETWEEN ONSET AND DEATH
		EADING TO DEATH	dving e.g	(A) IMMEDIATE CAU	Magar	dolada	ylin,	hss
	heart failure, or	thenio, etc. It means icotion which coused	the diseose,	DUE TO, OR AS	CONSEQUENCE OF:	1 m	(serie)	
		ITECEDENT CAUSES		11/1/2	8.21.	1-1-	00 1	Ca ,
	DISEASES OR	CONDITIONS, il	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	re Casho	, Agellar	(1) CO
	rise to the	obove couse (A)	stoling the	(c)				
_		11		(0)			/ /	
ATION	DISEASE OR COL	ANT CONDITIONS COI BUT NOT RELATED TO TH NOTION GIVEN IN PAR	HE TERMINAL	Carcin	me of Co	low + M	Maston	2rgs.
RTI	0	PERATION 198 CON WAS PERF	ORMED	ICH OPERATION	20 A. AUTOPSY? (Yes	or No) 20B, IF YES	WERE FINDING	CONSIDERED DEATH?
CAL C	21A. ACCIDENT OR CONTRIBUTE DEATH (notify m	WAS UNDERLYINO DI CAUSE OF edicol exominent	21 B. PL. home, etc.)	ACE OF INJURY (e.g., in form, foctory, street, off	or obout 21 C. WHERE ice bidg., INJURY OCC	DID (II In	Boltimore City, gl	ve exoct location)
	21 D. TIME (/ OF INJURY (APPROX.)	Month! (Doy) (Year)	(Hour 21E IN	JURY OCCURRED At Not While		ID INJURY OCCUR?		
		40.44	Work	At Work				
		at (1) (this hospital)		W3	2e 19 7/		opinion dec	th accurred on the dote
	and have and f	com the causes stat	ed abave. (1) ()	(a) (did) (d idma) vi				
	23A SIGN ATURE	clea b	nota	910 Atten	ding Med.	Staff Phys.	23 B. D.	TE SIGNED
	22C.PHYSICIAN NAME (Type		1910	DEGREE Phys.	Director 3D. ADDRESS	Phys.	N.	27,1971
1	P NAME COPP	Dr. J. Nel	Lson McKa	У	6014 Edmond	son Avenue		
24A	BURIAL CREMA	TION, 248, DATE		E of CEMETERY of CRE	•	24D. LOCATION	(City, town,	or county) (Stote)
_	urial	12/28/7		Cathedral Ce		Baltimore,	Maryland	
25A	DEC 28	971 35 6	25E NAME OF	EGISTRAR	Witzke, 1	630 Edmond	son Avenu	ADDRESS e 21228
VS	150-REV. 1/1/68							

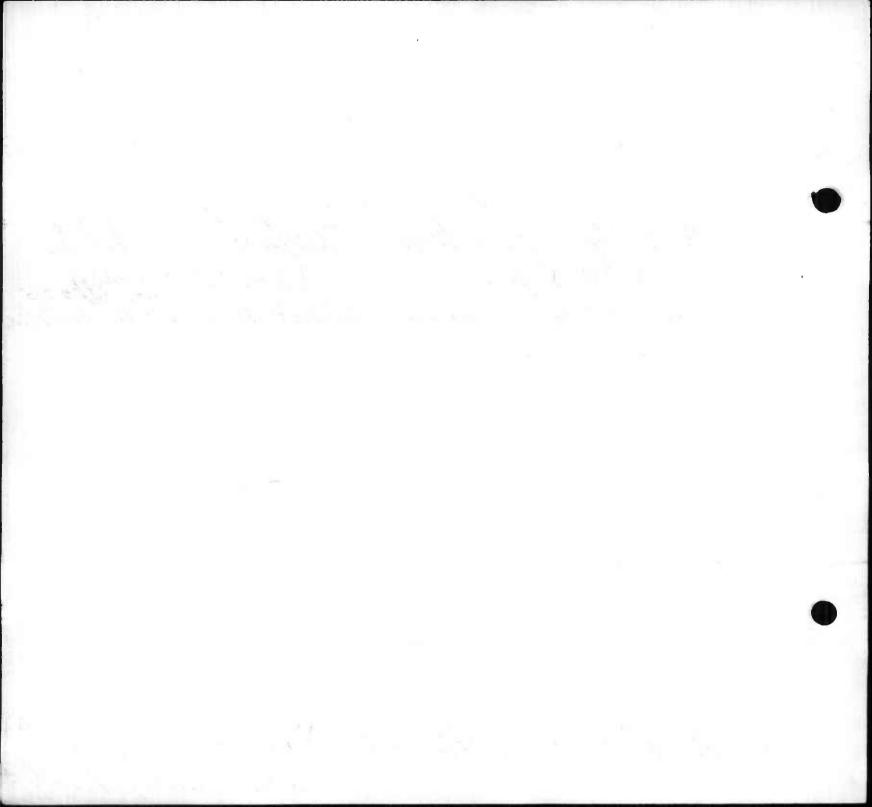


1		M-650 BALTIMORE CITY HEALTH DEPARTMENT
and eath ased the Such		RIH NO. 71 11955 CERTIFICATE OF DEATH REG. NO. 71 11955
de de cea	СТу	pe or Print MAJORANA JOSEPH 12.20.71 10.45
hospit ise of (5) De ance death		PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY
cause use; (5) endance to dec	H	SPITAL OR ADDRESS OR LOCATIONI STITUTION IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI C. CITY OR TOWN D. INSIDE CITY LIMITS?
ng caus caus atter	R	SIRAI HOSPITAL BATTIFICAL YES NO
outin ed o ar o bri		1310 RODIY KOI
occur ontrib ermin regul	3,	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 1/9/4 9. AGE (In years lost birthdoy) DIVORCED 7. Married 1/1. 9. 19/4 9. AGE (In years lost birthdoy) WIDOWED DIVORCED 7. Min.
th o	dor	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or or Jnc Is	13.	FATHER'S NAME 14. SESTIMATE STATES NAME 14. MOTHER'S MADEN NAME
of if calling it is the calling in the calling in the dispose		Joseph O. Maisuna Pomeette Viteli
the di kind; death nce on final di	15. (Ye	Was December Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor ar dotes of service) 16. SOCIAL SECURITY NO.
# > D D L	1	YES W. W. II 212-01-1590 Mrs. Caroline Maiorara 1310 Aubund
So, of our control of		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Respiratory arest
er. A cture prono ar af balm		(This does not mean the mode of dying, e.g., heart follows, asthenia, etc. It means the disease
fra o o o o o o o o o o o o o o o o o o o		ANTECEDENT CAUSES (arcinowaters of the lyng)
exan 3) A n wh in re		DISEASES OR CONDITIONS, if any, giving rise Ia lhe abave cause (A) stating lhe
0 0 5		UNDERLYING CONDITION last. (C)
medica medica burns, physici an was	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
A C. D. D. D. D. D. D. D. D. D. D. D. D. D.	ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
the chi al by a (2) Bo ere the physi efore tl	CERT	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
アキッチスロ	0	DEATH (noity medicol examine) etc.)
hospita nature; ept who d (6) No ained be	MEDI	21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While The Country of the C
00 70 4		22. I certify that (I) (this hospital) attended the deceased from 12.18. 19 1/2 20.20.31
be to be		that (1) (we) lost sow the deceased alive on 12 - 20 19 7 and that in (my) (aur) opinion death occurred on the date
death)		and hour and from the causes stated above. (1) (We) (dld) (dld nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED
- V:- F 0		Attending Med. Staff Phys. 12.20.7/
body was r vs: (1) An a D.O.A. at a sased prior		23C. PHYSICIAN'S NAME (Type) LOECIDES MD SINH HOSAIFAL BURIN. MD 21215
dy (3)	24A	BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, fown, or county) (Stote)
This certificate m the body was rel shows: (1) An acc was D.O.A. at a deceased prior to	25A	DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C. FENERAL DIRECTOR ADDRESS
ませる きゅう	VS	DEC 28 1971 Robert & Faller MD Frank H. Newell Pikerille 8, Ml.

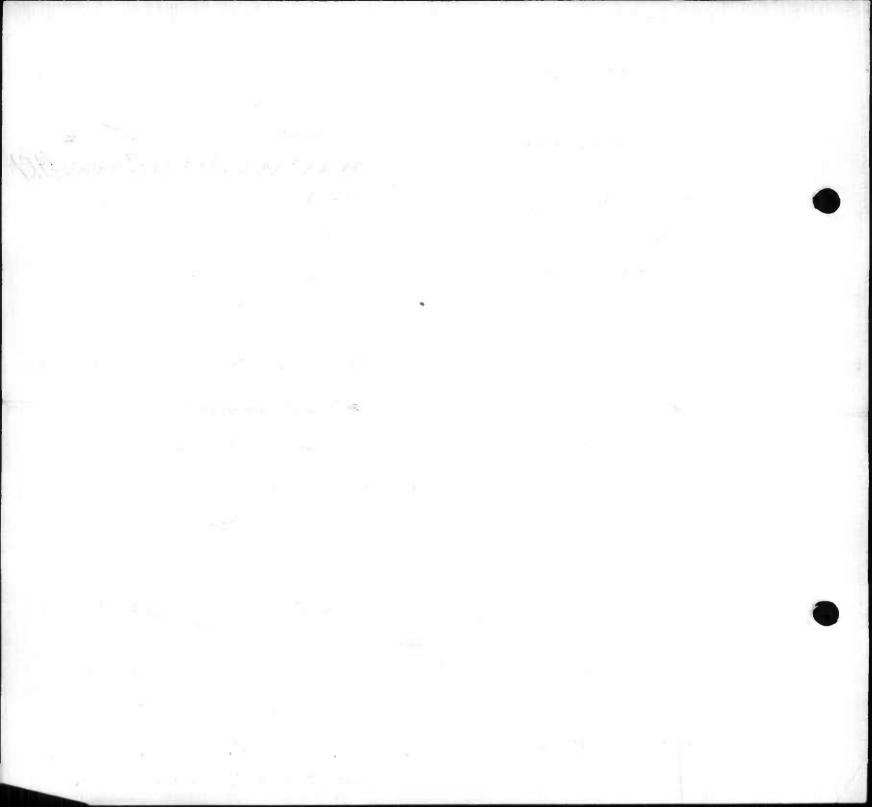


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

<	2 11/6			BALTIMORE CI	TY HEALTH DEPA	RTMENT		74 4	1050
()-//0	71 11956		CERTIFIC	ATE OF D	EATH	REG. NO.	71. 1:	1300
111.1	RTH NO. NAME OF DEC	FASED					ND HOUR OF DEA	TH	
(Ty	pe or Print) SH	LIPLEY . EM	MH				-21-71		16:15 AM
3.	PLACE IN BALT	TIMORE, MARYLAND, WHI	RE PRONOUN	CED DEAD	4, USUAL RESI	B. COU	ere deceased lived.	lf institution:	residence before admission)
	ILL NAME OF	UF NOT IN HOSPITAL	OR INSTITUTI	ON, GIVE STREET	MIN				2778
IN	STITUTION	ADDRESS OR LOCATI	ON)		C. CITY OR TOV	N	D.	INSIDE CITY	LIMITS?
-	1,2.	i/ 1 P	11	0	E. STREET AND	MIMPER		YES LY	ио 🗌
	Sinai	Hosp of Bas	te.,	rac.			chesters (que.	# 2/2/5-
5.	SEX	1 / 1		NEVER MARRIED	B. DATE OF BIR		9. AGE (In years lost birthdoy)	If Und Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
102	LUSUAL OCCU	PATION (Give kind of work 10	WIDOWED V	DIVORCED	B -30-95	-6	76		
dos	during most of v	vorking life, even if retired)		USINESS OF INDUST	MIL BIKINFLACE	(State or los	ergn country)	12. CIT	IZEN OF WHAT COUNTRY?
13.	FATHER'S NAN	engge	aw	1 mome	14. MOTHER'S	Might	end		Bett. Ch
		1.1/2 11.	100.0		NOTHER'S	VIA .	ME 0/1/	7 rt	
15.	Was Deceased	Elver In U. S. Armed Forces	gers	6. SOCIAL	17. INFORMANT	1411	ng elle	M. V	ADDRESS
(Ye	s, no or unknown)	Ever in U. S. Armed Forces	(service)	SECURITY NO.	Mar Va		3100	Dulle	Mid. July
-	18,	INTIC		CAUSE OF DEA	THINDIM	WY E	Hell,	3613/	APPROXIMATE INTERVAL
	- / / =	E OR CONDITION DIREC	TLY				•		BETWEEN ONSET AND DEATH
		LEADING TO DEATH	,	(A)IMMEDIATE C	AUSE Rout	Ren	ral Faile	LL	5 days
	heort foilure,	ol meon the made of dy osthenio, etc. Il meons th	e diseose.		S A CONSEQUENCE	OF:			
H	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	plication which coused de INTECEDENT CAUSES	Lifton		0	***		>	
		R CONDITIONS, if ony	/. oivina	(B)	S A CONSEQUENC	E OF:	Heart Fa	· leven	lewral yes
	rise to the	obove cause (A) st	oling the		ASCU				several our.
	ONDEREMINO	II.		(c)					swaa go.
NO		CANT CONDITIONS CONTI		a.	abetes	mell.	Line		44 . 4
ATION	DISEASE OR CO	BUT NOT RELATED TO THE DIDITION GIVEN IN PART 1	(A).	***************					Holal yso.
CERTIFIC	19A-DATE OF	OPERATION 198 CONDIT WAS PERFOR	TON FOR WH	ICH OPERATION	20A. AUTOPS	Y? (Yes or N	O) 208, IF YES, WE	RE FINDINGS CAUSES OF	CONSIDERED DEATH?
11 -	21A. ACCIDEN	T WAS UNDERLYING TING CAUSE OF	218, PL	ACE OF INJURY (e.g.	in or about 21 C. W	HERE DID	(If In Bolii	more City, giv	re exocl location)
SE SE	DEATH (notify	medical examined	elc.)	ioning locioly, succes	onice ologo iles ox i	OCCOR:			
MEDI	21D. TIME OF INJURY	(Month) (Doy) (Year) (JURY OCCURRED	1	W DID IN	JURY OCCUR?		
~	(APPROX.)		While Work	At Wo	hile 🔲				
		that (1) (this hospital) a					19 <u>7/</u> ta	12 - 2	/ 19_7/
		last saw the deceased o				and t	hat In (my) (aur)	opinian dea	th accurred an the date
		fram the causes stated	abave. (1) (1	We) (did) (did هه))	view the bady a	fter death.			
	23A. SIGNATUR	2 V		A	tending M	4 🖂	Shell E		TE SIGNED
	23C. PHYSICIAN	uda e per	armer	DEGREE P	23D. ADDRESS	rectar	Staff Phys.	12	-21-71
	NAME (Ty	pel .	RASU	(()	his	ai of	Lap. 21	Baltin	ine
24/	BURIAL CREA	AATION 248 DATE		E al CEMETERY OF C			OCATION		or county) (Stote)
	Agunes	1 1/00 23 14	771 190	Vimono)	ational	Cost	t whole	INIA	e Sid
25		BY HEAVIN DIPT. 25	B. WAME OF	REGISTRAR	25C. FUNERA	L DIRECTO	E PY	MARKEN	A ACORESS
П	UEU 30	THE UNITED TO	Antones.		NIA	1.101	TU VIA	011	INI Baranilla



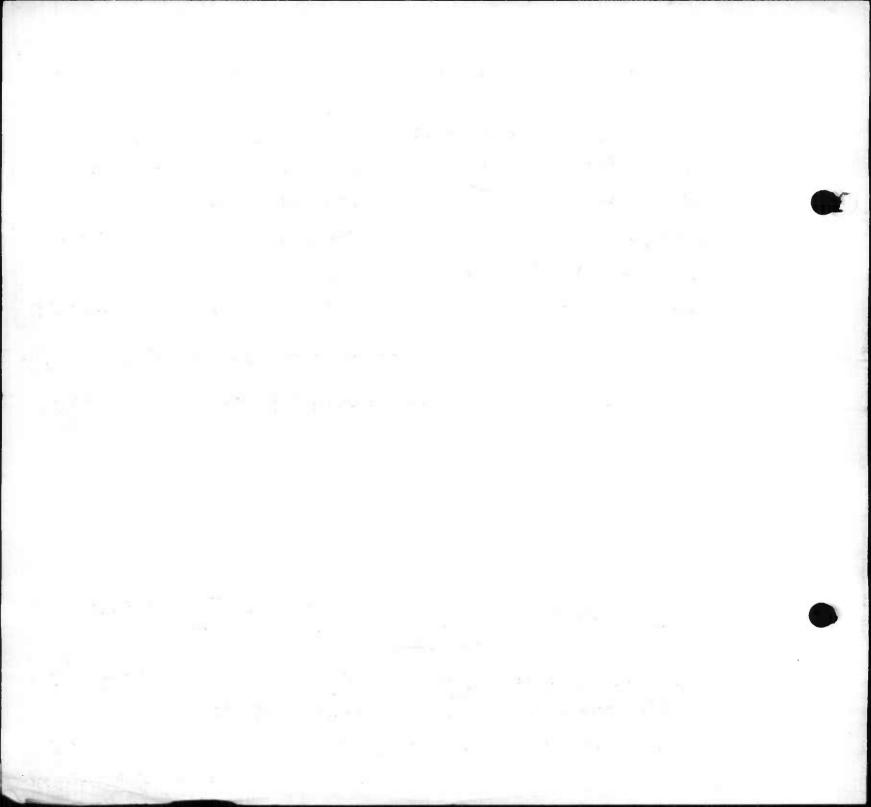
71 11957 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such and Deceased the BIRTH NO. of death 1. NAME OF DECEA 2, DATE AND HOUR OF DEATH uo (Type or Print) hospital 12/20/41 BRYANT PM. death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissional A. STATE 8. COUNTY attendance A. STATE (4) Undetermined cause; (5) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 40 8 BELLIMOFE YES 🖊 NO 🌌 JOHUS HOPKING HOSPITHI prior contributing E. STREET AND NUMBER occurred 0 regular is mad 5. SEX 6. RACE il Under 1 Ve. 11 Under 24 Hrs. Months: Days Haurs Min. 8. DATE OF BIRTH AGE (In years MARRIED NEVER MARRIED deceased lost birthdoy) 3130140 WIDOWED DIVORCED 20 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition 2 done during most of working life, even if retired) USH GRISIPASH None Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct BEFFY Bryant Hradss113 Armiger assistant death LO kind; 15. Was Deceased Ever in U. S. Armed Farcos? (Yes.na or unknawn) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT final ADDRESS None attendance BHIRRY BRYANT No any pronounced 0 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (A) IMMEDIATE CAUSE STORY W- 45 WW (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, examiner regular injury or camplication which caused death. ANTECEDENT CAUSES who are (3) A DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (Al physician UNDERLYING CONDITION lost remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL (6) No physician DISEASE OR CONDITION GIVEN IN PART 1 (A). the any nature; (2) Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the 20% IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 8 WAS PERFORMED 423 before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., (NJURY OCCUR? (If In Boltimore City, give exact location) to the hospital MEDICAL DEATH (notify modical exomined 21D. TIME OF INJURY be obtained (Month) (Dayl (Yearl (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except ; and (6) Not While While At approve (APPROX.) Work At Wark 22. I certify that (1) (this haspital) attended the deceased from death); that (1) (we) lost saw the deceased alive on 12/25 and that in (my) (our) apinian deoth occurred an the dote hospital An accident of the body was released shows: (1) An accident o certificate must be and have and from the causes stated above. (1) (We) (dld) (did not) view the body after death. must 23A. SIGNATURE 238. DATE SIGNED MO Attending | MOSLII Med. Staff prior to Director __ written approval Phys. DEGREE 8 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS at Neil N. Senzer M.D. D.O.A. 24A. BURIAL CREMATION. 248. DATE deceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) Burial Govans Presb. Ch Cemt. York Rd. Balto. Md 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Mitchell Wiedefeld Home 6500 York Rd. VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must the body was release shows: (1) An accidenwas D.O.A. at a hosp deceased prior to dewritten approval must

(1)-422	BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO. 71	11058
BIRTH NO. 71 11058	CERTIFICA	TE OF DEATH	REG. NO.	11300
I. NAME OF DECEASED		2. DATE AND H	OUR OF DEATH	
GEORGE C. NIIC		12/2	0/7/	1 2 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where dec	ceased lived. If instituti	ant residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	Md		28+1
LONG GREEN NUTSING		C. CITY OR TOWN	D. INSIDE C	ITY LIMITS?
II .	//0//	BAITIME RC E. STREET AND NUMBER	YES	NO NO
10 115 MelRose Ave		4006 Liber	RTY HaTS	Are
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED		GE (In years II Mo	Under 1 Yr. II Under 24 Hrs. nths: Doys Hours Min.
MIDOWED [DIVORCED	9/23/188/	90	nins Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign co	ountry) 12.	CITIZEN OF WHAT COUNTRY?
FOOD BROKER		MARY LAND		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Charles R. Wilco	X	ANNIE	-REAME	R
15. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No -	SECORITI (IO.	Estelle S. Wilco	× 4006	Liberty Hats.
18. 4	CAUSE OF DEAT	4		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Certe	in lo Nº	Ma XA.	£ 1.0
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	c Herri Fres.	land: / 7].
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	DUE 10, OR AS	A CONSEQUENCE OF:	,	U
ANTECEDENT CAUSES	711-	english A	75.	5
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	7)
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(5)			
11	(c)			*****
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	10 database			
19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Tes or No.) 208	IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
	CE OF INJURY (e.g., in	or obout 21 C. WHERE DID	At In Duly and Char	
OR CONTRIBUTING CAUSE OF home, f	arm, factory, street, ol	ice bldg., INJURY OCCUR?	il in boltimore City,	give exect location)
0	URT OCCURRED	21F. HOW DID INJURY O	2000	
S OF INJURY (APPROX.) While A			CCURF	
Work	At Work		,	1
22. I certify that (I) (this hospital) attended the	leceased fram	05/ 190		19/
that (1) (ves) last saw the deceased alive an			(my) (oor) o pinian i	death occurred an the date
and haur and from the causes stated above. (1) (#	e) (did) (did not) vi	ew the body after death.		
DF	Atter	nding Med. Staff	238.	DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys	Director Phys.		2/2/1/
NAME TYPE FOR A V	D '	3D. Abdress	#+ C+	, , , , , , , , , , , , , , , , , , , ,
24A. BURIAL CREMATION, 24B. DATE 124C. NAME	DEGREE OF CRE	11111171	7 >1	
REMOVAL (Specify)			ON (City, tow	rn, or county! (Stote)
25A, DATE REGID BY HEALTH DEM. 25 PRINTAGE OF B	N MOUNT CO	Me lery	09/10.	Md

DEN. 255 NAME OF REGISTRA DEC 28 MITCHELL-WIEdefeld INC. 6500 YORK VS 150-REV. 1/1/68

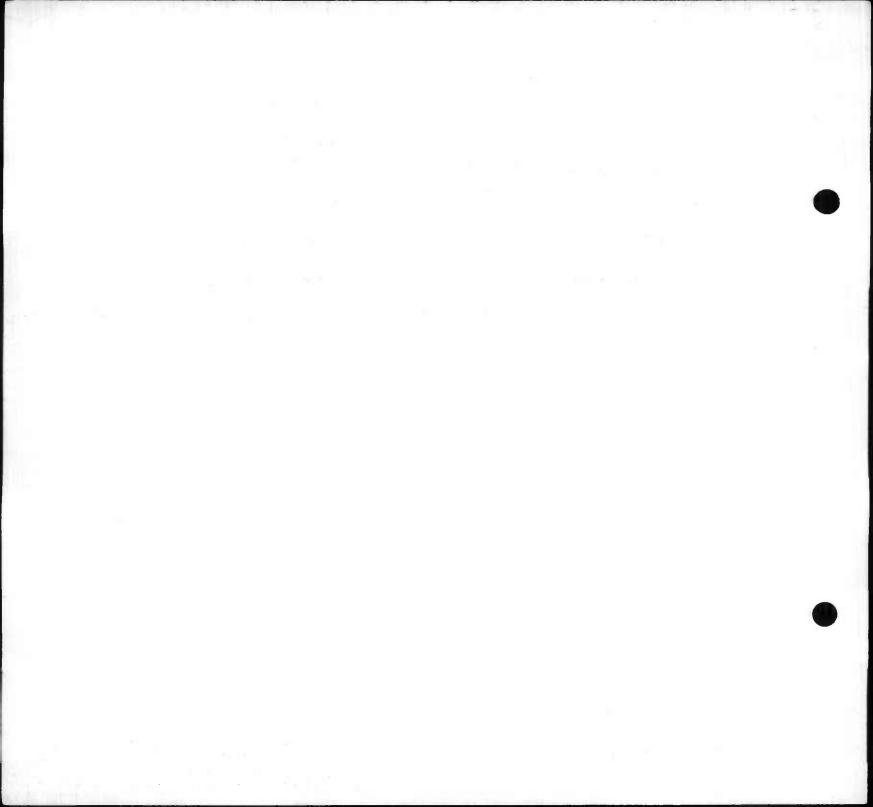


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a Rospital FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/68

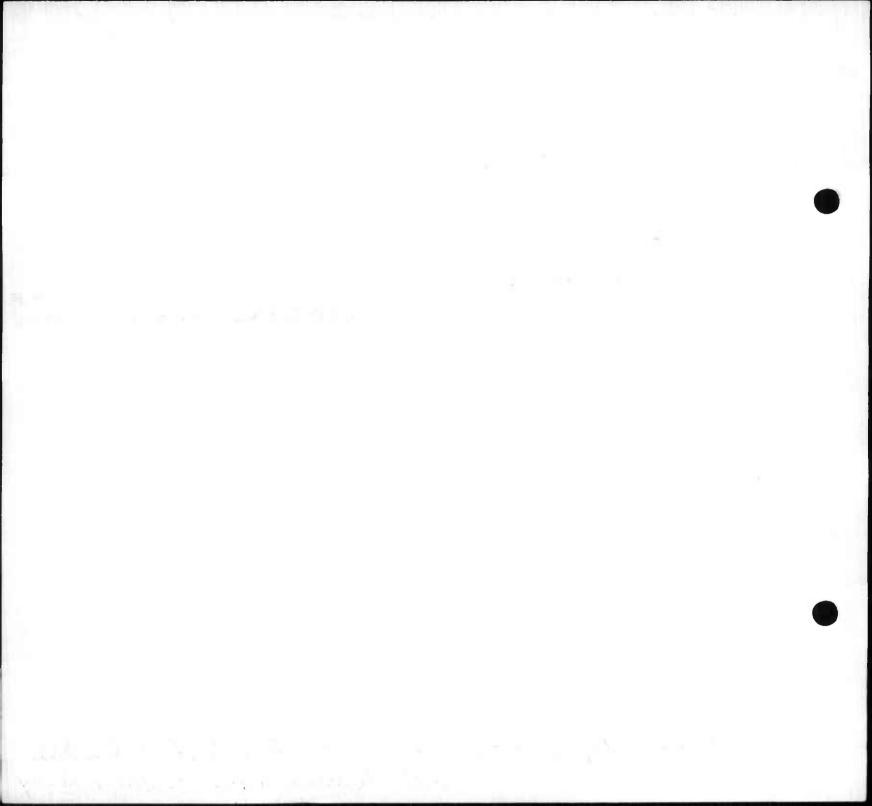
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15	-530 71 11959 BALTIMORE CITY	TE OF DEATH REG. NO. 71 11959
BI	CERTIFICA	TE OF DEATH REG. NO.
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	WALTEN SMITH	12-25-71 5:30 Am.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FI	ILL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 1605
in	STITUTION ADDRESS OF FOCKHORY	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	3 3	BALTIMORE YES NO NO NO NO NO NO NO NO NO NO NO NO NO
	Johns HOPKINS HOSPITAL	2344 RIGGS AVE.
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
	MALE NEGRO WIDOWED DIVORCED	01/19/01 last birthday Manths Days Hours Min.
	N. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	NEMPloyed	Julian North Confide 118.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	SMITH, CECERIO	CHOPENED CODNET To
15.	Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	SHOFFNER, CORNELIA 17. INFORMANT ADDRESS
11	s, no or unknown) (If yes, give wor at datas at service) 718 14 0654	hair Smith 12416 Ri - DUE Patrol
	1B. CAUSE OF DEAT	
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE CAL	
	hearl foilure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
	injury or camplication which caused death.) ANTECEDENT CAUSES	
		Chomic LUNG DISCUSE 20 gens
	The to the course (A) stating the	The second secon
	UNDERLYING CONDITION last. (C)	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	7.10
₩ Ĭ Ĭ	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	1610 anderior ME 5 years
CERTIFICATION	19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERT		
₽	21A. A C CIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., I OR CONTRIBUTING CAUSE OF home, form, foctory, sheet, of etc.]	n or about 21C. WHERE DID (II In Baltimara City, give exact location) (Title bidg., INJURY OCCUR?
EDIC/		
ME	21D-TIME (Month) (Dayl (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At I Not While	21F. HOW DID INJURY OCCUR?
	Wark At Wark	
	22. I certify that (I) (this haspital) attended the deceased from	
		and that in (my) (aur) opinion death accurred on the date
	and haur and fram the causes stated above. (1) (We) (did) (did nat) v	
		nding Med. Staff Med. Director Phys. 4 1.2-26-71
	23C. PHYSICIAN'S	Director Phys. 23D. ADDRESS
	NAME (Type) NEIL R MILLER ND	1, 1, 1,
24	DEGREE BURIAL CREMATION, 248, DATE. 24C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
1	Butto 1/1/72 Elin Jill AND	Cotto Diller Marketa Di
25	DATE REC'D BY HEADTH STANDARD TECHNICAR ALD.	25G. FUNERAL DIRECTOR ADDRESS
	DEC 20 BII Valer & Vaiser 40	Horoett Runger Heme 905 Emoulat St.
1		



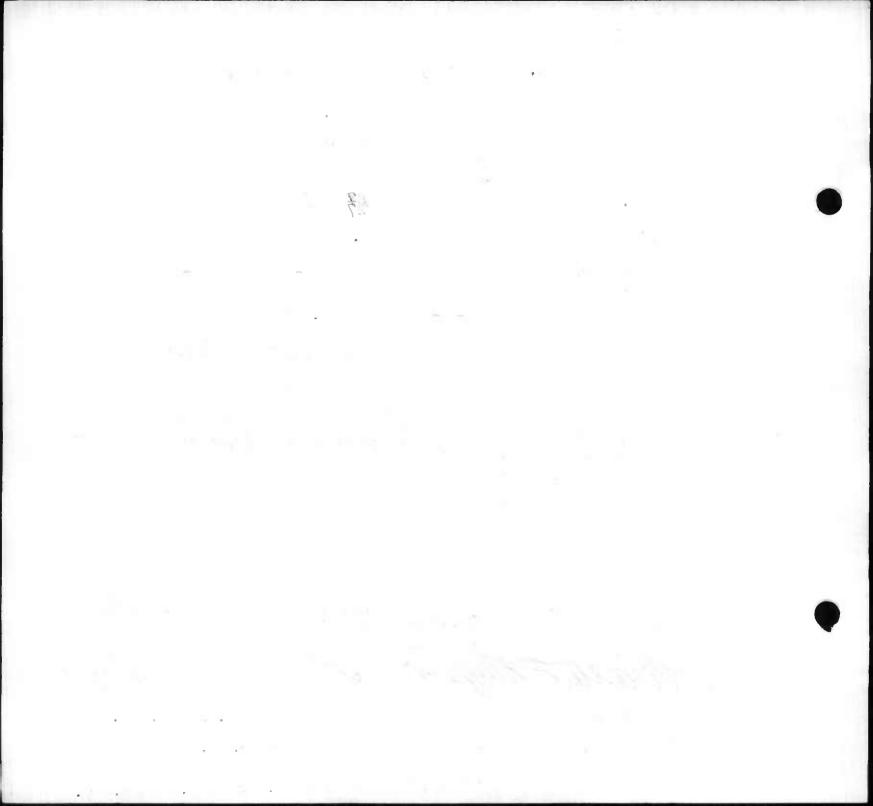
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15	50	w 4 4 - O6		BALTIMORE CITY	HEALTH DEPARTMENT	p-	
BIRTH	10	71 11960	3	CERTIFICA	TE OF DEATH	REG. NO.	71 11960
I. NAM	E OF DECE				2. DATE	AND HOUR OF DEATH	
	PHMEL	A THERE				122/21	4 40 M.
J. PLA	CE IN BALTI	MORE, MARYLAND, V	HERE PRONO	UNCED DEAD			stitution: residence before admission)
FULL N	NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTON, GIVE STREET		BALTIMORE	
		Ity of MA	Pulania	14050	BALTIMORE		YES NO
-		, , , , , , , , , , , , , , , , , , , ,	-419100		E. STREET AND NUMBER		IES NO L
£ 0.54	2 6					brook Ave.	
5. SEX	- 0.	RACE	* MARRIED [WIDOWED	NEVER MARRIED DIVORCED	7-23-68	9. AGE (In years lost birthday)	H Under 1 Yi. tl Under 24 Hrs. Months Doys Hours Min.
IOA, USI	UAL OCCUP	ATION (Give kind of worl			11. BIRTHPLACE (State or Id	preign country)	12. CITIZEN OF WHAT COUNTRY?
dolle du	ang most of wo	rking life, even if relifed!		Administration .	Balt, more		4.5.A
13. FAT	HER'S NAME				14. MOTHER'S MAIDEN N	AME	
		UNRNO	WN		KAREN	CUNNINSha	m.
1S. Wes (Yes, no	Deceased Every or unknown) (II	er in U. S. Armed For yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS, AF VI
	10				MARTON	ie JAMO	s 1934 Wolfman
18.	20.	221		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DI	RECTLY		(11)		
(Thi	is does not	meen the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE (APDIO REACONSEQUENCE OF:	SP APPES	Jomin
inju	orr compli	Ihenia, etc. II means colion which caused	the disease, death.)	,			
	AN	TECEDENT CAUSES		(a) Lymp	homa		
DIS	EASES OR	conditions, il obave cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		000
UN	DERLYING (CONDITION lost	stoling ine	(c) In Fect	10n		
z		II					
= 110	THE DEATH B	NT CONDITIONS COL	IF TERMINAL				
d Inigs	EASE OR CON	PERATION 1198 CON	I (A).	HICH OPERATION	20A. AUTOPSY? (Yes or I	No) 208, IF YES, WERE F	INDINGS CONSIDERED
19A.		WAS PERF			Yes	IN CERTIFYING CAL	JSES OF DEATH?
OR	ACCIDENT CONTRIBUTION TH (notify me	WAS UNDERLYING THE CAUSE OF edicol exomined	21B, 1 home etc.J	PLACE OF INJURY (e.g., in , form, foctory, street, off	or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(if in Boltimore	City, give exoct locotion)
WIGEL	TIME (A	Nonth) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
	ROXI	at the second second	While	e At Not While			
22.	I certify the	ot (1) (this hospital)	attended the	e deceased fram	Dec 1	19 7 (ta	Dec at 1971
		st saw the decease					ian deoth occurred on the date
and	haur and fr	om the couses stat	ed obove. (1)	(We) (dld) (did-not). vl	ew the bady after death		
23A.	SIGNATURE	mark.	1 30		12		23 B. DATE SIGNED
23.0	PHYSICIAN'S	rogaenic	\ /n	OEGREE Phys.	ding Med. Director	Staff Phys.	12/22/21
7	NAME (Type)	4 4 3 4 4 5	LLNICK	M.is	University UR	of feds Harsland	Hosa
24A. BUI	NOVAL (Spec		24C. NA	ME of CEMETERY OF CREA			(Stote)
DUI SA. DA	TE REC'D BY	12/27/ HEALTH DEPT.	7/MT.	CA VALY	CEINE FLY A	NNE Arullo	del Co. Md.
	DEC	28 1971	Bert E.	Farben M.D.	(1),00. Aug D	Spi 0 //	39 N. Physadluby
VS 150-F	REV. 1/1/68				- Cultim	· HICH /	DOLLING TO MUNEY

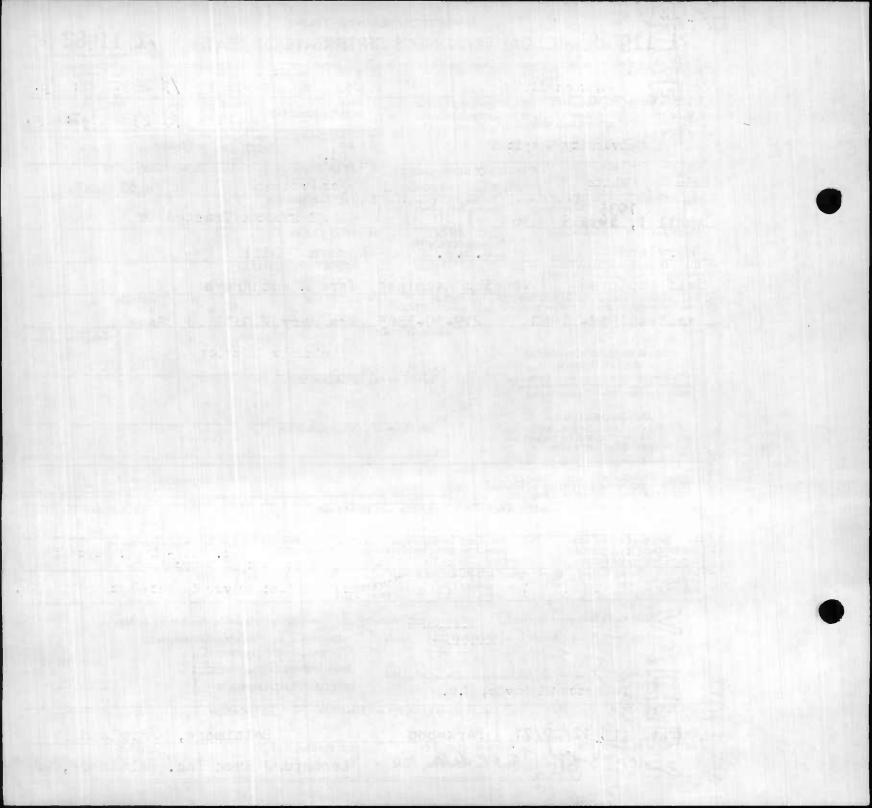


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

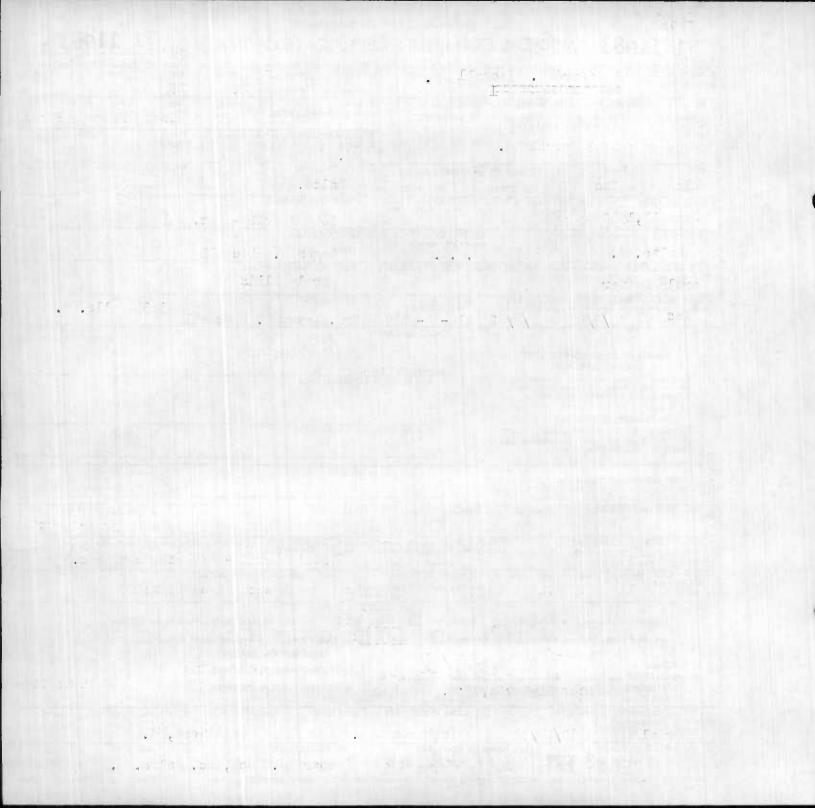
11	1.324			BALTI	MORE CITY	HEALTH DEPAI	RTMENT		7-	1198	14	
1	BIRTH NO.	71. 11961		CER	TIFICA	TE OF DI	EATH	REG.	NO	1190		
-[li	NAME OF DEC	EASED					2. DATE A	ND HOUR OF	DEATH			
H		Maude	R.	Stie	gler		12/2	25/71				M.
	S. PLACE IN BAL	TIMORE MARYLAND, V	VHERE PRO	NOUNCED DEAD	•	4. USUAL RESID	B. COUN	re deceased liv	ed. If ins	lilution: residenc	e before	odmission)
	FULL NAME OF HOSPITAL OR	ADDRESS OR LOC	AL OR IN	STITUTION, GIVE	STREET	Md.	/NI		- 11111	114	5	
11.	143111011014					Baltim				YES X	NO	1
	340	1 Northern	Park	wav		E, STREET AND	NUMBER	<u> </u>		12-18-1	.,,,	1
15	. SEX	6. RACE				B. DATE OF BIRT	orthe	en Park				
	F	W.	7- MARR		ORCED O	4/188		9. AGE (In yellost birthdoy)	ors 6	Months Doys	Hours	der 24 Hrs. Min.
	OA. USUAL OCCU	IPATION (Give kind of work vorking tife, even if retired)				11. BIRTHPLACE	(State or fore	ign country)		12. CITIZEN OF	WHAT	COUNTRY?
	Housewi	fe				Md.				USA	•	•
Ī	3. FATHER'S NAM	-	1			14. MOTHER'S A	AAIDEN NA	ME				
		hn Wasson	8				-		6000			
0	(es, na of unknown)	Ever in U. S. Armed For (If yes, give was as date	ces? s of servi	e) 1 6. SOCIAL SECURITY	NO.	17. INFORMANT				ADDR	ESS	
	no			214-24-		Louis E.	Stieg	ler sam	e			
	18.	E OR CONDITION DI	DECTI V	CAUSE	OF DEATH	1/0		0	5		OXIMATE N ONSET	AND DEATH
		LEADING TO DEATH		(ANIMA	MEDIATE CAU	fellelle	Mat	y (da	MI	12	121	-/7/
	heari failure, a	o) mean the mode of asthenia, etc. It means	the dise	DII		CONSEQUENCE	OF:	*********	***********	***************************************	*******	
		plication which caused	death.)		110	511	5.			2	N	つ・
		R CONDITIONS, if	anv. aiv	ing (B)	TO, OR AS	A CONSEQUENCE	OF:					
	iise to ihe	above cause (A) CONDITION last.	staling)he	14	the ter	1/2	Conul-	bec	1 3	20	
1		11		(0).2.	Report o no discussion de							
Series Atton	OTHER SIGNIFI	CANTICONDITIONS COL	LE TERMIN	IG AL								
1	DISEASE OR CO	ONDITION GIVEN IN PAR	TI (A).	*******	TION	20A. AUTOPSY	? (Yes or No.	20B. IF YES.	WERE FIR	IDINGS CONS	DERED	
1762		WAS PERF						IN CERTIFYIN	G CAUS	DINGS CONSI		
14	OR CONTRIBUT	T WAS UNDERLYING		21B PLACE OF IN	JURY (e.g., in y, sheet, off	or about 21 C. WH	ERE DID OCCUR?	(If In I	Boltimare	City, give exoct	locotion)	
11 4		medical examiner) (Month) (Day) (Year)	416	etc.)								
MEDI	OF INJURY	(Month) (Doy) (1eon	(Hour)	While At	Not While	_	M DID INJI	JRY OCCUR?				
		han (1) (abta b	\	Work	At Work					-/-/-		
		hat (I) (thi s hespital ast sow the decease		10 -074	era re	1445		9to		725/7/		
		from the causes stat			did-sat) vi	ew the hady aft		it in (my) (or	ny opini	on death accu	irred on	the date
	23A. SIGNATUR	11-00-		16. Vi	125				2	B. DATE SIGNI	ED /	
		1alle	//	ceggu,	DEGREE Phys.		t.	Staff Phys.		12/27	171	
1	PHYSICIAN NAME (Ty	oe)		10	2:	D. ADDRESS		-	,			
24	A. BURIAL CREM	lter Karfg		MD.	DEGREE	4331 Ha	arford			. Md.		
	Burial	12/28/7		udon Park		MAIORT		to. Md.		town, or county)	(Stote)
25		Y HEALTH DEPT.	25B NAM	E OF REGISTRAR		25C. FUNERAL	1 6	110 · 110 •		ADI	DRESS	
	n			E. Jaber				luck Ir	-944		ne di	
'VS	150-REV. 1/1/61							UCK II	C -	alto.	Wd	



G-400	7		BALTIMORE (V		
71 1 BIRTH NO.	1962 A	MEDICAL	EXAMINE	R'S CE	ERTIFIC	CATE O	F DEAT	H REG. N	71 1	1962
I. NAME OF DEC	Norma	D n Gill		2	OF DEATH	Known Estimated	Month 12	Doy 7	23 71	7:40 p. M.
FULL NAME OF			ONOUNCED DEAD	71		NCED DEAD	Month 12	Day 27	Yeor 23	
OR INSTITUTION	University			5	. USUAL RE	SIDENCE (Wh	deceased it	B. COUNT	ition; residence	belore odmission)
6. SEX	7. RACE	8. MARR	IED X NEVER MARI	RIED C	CITY OR	TOWN		D. INSID	E CITY LIMITS	?
male	White	WIDOW	TED DIVOR	CED 🗆	Upper	Mar1bon	0	100	YES 🔀	NO 🗌
April	1935 10.A	GE (In years parthdoy)	Months: Days Hours	r 24 Hrs. E		NO NUMBER	om Tra	ston		
	State or fareign cou		WHAT COUNTRY		Norma		וו			
14A JISUAL OCCU		work 14B. KIND	OF BUSINESS OR IN	NDUSTRY 1	5. MOTHER	'S MAIDEN N				
Self Er	nployed	Ven	ding Mach	ines	Vera	M Hum	phrevs			
16. WAS DECEAS	ED EVER IN U.S. A	RMED FORCES	7 17. SOCIAL SECURITY I	NO. 11	B. INFORM				ADDRESS	
No Yes		1960	219-30-		Mrs	Mary V	Gill		Same	
19.	1210		CAUSE	OF DEATH						APPROXIMATE INTERVAL WEEN ONSET AND DEATH
	E OR CONDITION	TH	ANIMA	EDIATE CAL		ltiple	injurie	S		
(This does n heart failure Injury or cor	not meon the mode s, osthenia, etc. It me mpitation which cour	of dylng, e.g., ons the disease, sed deoth.)			A CONSEQU	ENCE OF:				
DISEASES OF THE UNDERLYING	NTECEDENT CAUS OR CONDITIONS, E ABOVE CAUSE (A NG CONDITION L	F ANY, GIVING	(B) DUE	TO, OR AS	A CONSEQ	UENCE OF:				
OTHER SIGN TO THE DEL DISEASE OR 20A. DATE OF	II NIFICANT CONDITIO ATH BUT NOT RELAT	NS CONTRIBUT	ING NAL							
DISEASE OF	R CONDITION GIVEN	IN PART I (A)-								
O ZUA. DATE OF	F OPERATION 20B	CONDITION	OR WHICH OPERAT	ION WAS	PERFORME	D			21. AUT	OPSY? (Yes or No)
₹ 22A. EXTER	NAL CAUSE WAS		228.PLACE OF INJU	DV/a a in	or chaud 22	C WHERE DID	fil to Dakton	- Clht		no
UNDERLYING UTING CA	USE OF DEATH. (Month) (Doy)	(Year) (Hour	ROAD	HERFD	dg., etc.) IN.	Hatt We	Rt. st of C	214 - hurch	3 mi. V	Vest of
OF INJURY (APPROX.)	12 20	71 ?	m. WHILE AT WORK	NOT WH AT WOR	K T	Subject	driver	in au	ito/auto	collision
1 cert	Ify that I held o	Inquiry [Inspection	Autop	sy 🗌	and that on	this basis,	death in r	ny opinion	
result	ted from: Noturo	couses	Accident	Sulcide	Hom	alcide 🔲	Undetermin	ed manne	r 🗆	
ACTUAL	1	- /	NATTO			HIEF MEDICAL				DATE SIGNED
SIGNATI	ER'S Peter	r Lipkov	ic. M.D.	M.D.		ANT MEDICAL			12	2/24/71
NAME (T 24A. BURIAL CREA REMOVAL (Special	MATION, 24B. DA		24C. NAME of CEA	METERY or	CREMATOR	Y 24D	LOCATION	(City, to	own, or county	(Stote)
Buria]	1 12,	/27/71	Parkwoo	d		В	altimo	re,	Maryl	and
	DEC 28 19		BE Selsen		1.3	NERAL DIREC	TOR		ADDRESS	more, Md
VS 151-REV. 1/1/68	7	1866	/m(O)							

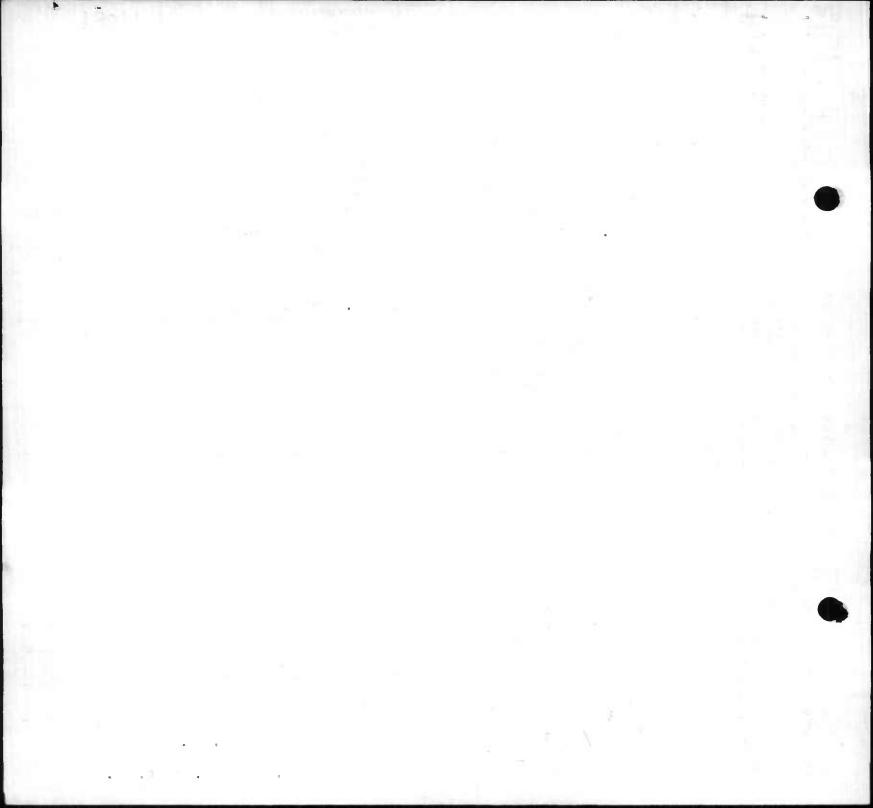


M-324	/			BALTIMORE CI	TY HEAL	TH DEPAR	TMENT				
71 11 BIRTH NO.	1963	MEDI	CAL	EXAMINER	'S CE	RTIFIC	CATE OF	DEAT	H REG. NO.	1 11	963
1. NAME OF DEC	EASED Ed	ward E.	Mito	chell Sr.	2	OF DEATH	Known Estimated	Month 12	Doy 25	Year 71	Hour M.
FULL NAME OF				NOUNCED DEAD	3	PRONOL	INCED DEAD	Month 12	25	Yeor 71	12:45
OR INSTITUTION		Sarril			1	Md.	ESIDENCE (When	e decoased li	ved. If institution B. COUNTY	: residence b	efore odmission)
6. SEX	7. RACE			D NEVER MARRI	ED 🔲	C. CITY OR			D. INSIDE CI	TY LIMITS?	
male	White		WIDOWE				Lto.		YE	S	NO .
June 11	,1940	10.AGE (in y lost birthdoy) 31	٨	H Under 1 Yr. If Under 1 Aonths : Doys : Hours	Min.	54	421 Sarri	1 RDAP	t. 1C		
Balto	.Md.			2. CITIZEN OF WHAT COUNTRY?			omas G. M	itchel			
done during most of Marble S	rorking life, ave	kind of work 14 en if retired)	B. KIND	OF BUSINESS OR IN	DUSTRY		yrtle Ell				
16. WAS DECEASI	ED EVER IN I	or ar doles of	service)	17. SOCIAL SECURITY N 2 214-36-9	0.	B. INFORM	NaMcy E.	Mitch	343	DRESS I Fall	s.Rd.
(This does not heart loilure, injury or con	LEADING TO of mean the asthenia, etc.	mode of dying it means the d h caused deoth	g, e.g., isease,		DIATE CA		Hangin	g			PROXIMATE INTERVAL TEN ONSET AND DEATH
DISEASES OF RISE TO THE UNDERLYING OTHER SIGN TO THE DEA	OR CONDITION AND CONDITION OF C	ONS, IF ANY, () ISE (A) STATING ON LAST. II IDITIONS CON RELATED TO THE	NTRIBUTI	(c)	O, OR AS	A CONSEC	QUENCE OF:				
DISEASE OR 20A. DATE OF		GIVEN IN PAR		OR WHICH OPERATION	ON WAS	PERFORM	ED			21. AUTO	PSY? (Yes or No)
UNDERLYING UTING CA	USE OF DEA	TRIB-	(Hour)	28. PLACE OF INJURY OCCU	ret, office b	oldg., etc.) II	5421 Sarr	il -	(outsid	e of a	ipt.)
resul		eld on Inq	Juley [Inspection	pai	etial psy { } Kk Ho	ond that an imicide Chief MEDICAL	Undetermi EXAMINER	matrix.		DATE SIGNED
SIGNATI EXAMIN NAME (1	ER'S Pe	eter Lie	kovi	c, M·D.	∠M.D.		CIATE MEDICAL				12/25/71
24A. BURIAL CRE/ REMOVAL (Special Burial	fy)	12/28/	/71	24C. NAME of CEM Parkwo		em.			more, Md.		(Stote)
25A. DATE REC'D	DEC 2			ME OF REGISTRAR	MD.	10 1	nard J. R			o.Md.	
VS 151-REV. 1/1/68		199	41	/							



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	8-621	BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO. 71 1	11064
BII	71 11984	CERTIFICA	TE OF DEATH	REG. NO.	11304
	9		2. DATE AND	HOUR OF DEATH	
	NAME OF DECEASED pe or Print Tames 5.	Burke		25/71	2:05 PM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived, It institution	residence before admission
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland		103
III	STITUTION		C. CITY OR TOWN	D. INSIDE CITY	/
1	union Memorial	Hospital	E. STREET AND NUMBER	YES [
		`		ex Avenu	
IIV	nole white widow		61919010	Month	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
dos	USUAL OCCUPATION (Give kind of work 108, KIN) during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	/ N	ITIZEN OF WHAT COUNTRY
	ireman Balto. City		Maryla		U.S.A.
13.	FATHER'S NAME Michael Burks		14. MOTHER'S MAIDEN NAM		1
1	Was Decoused Ever in U. S. Armed Forces?		Margara	et Dons	
(Ye	s, no or unknown) (If yes, give war or dotes of servi	cel 16. SOCIAL SECURITY NO. 2/3 30 9/18	Mrs. Mary Burke	same	ADDRESS
	18. 4/2 51	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE A cute Pul	INONDEL EGENOUI	
	(This does not mean the mode of dying, heart failure, asthenia, etc. it means the dise	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	INCINET SOL	4
	injury or complication which caused death.)				
	ANTECEDENT CAUSES	(B) ASC	A CONSEQUENCE OF:	************************	***************************************
	DISEASES OR CONDITIONS, if any, girds to the above cause (A) stating UNDERLYING CONDITION last,	ihe (C)		*********************************	
2	II.				
10	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF	NG OLO	YocaidiA) II	Marct.	
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDING	GS CONSIDERED
EE	WAS PERFORMED			IN CERTIFYING CAUSES O	F DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, al etc.)	ar about 21 C. WHERE DID fice bldg. INJURY OCCUR?	(If to Baltimare City, (give exoct location)
<u></u>	210-TIME (Month((Day((Yearl (Hour) OF (NJURY	21E INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	14 19
8	(APPROX.(Wark Not While	· 🗆		
	22. I certify that (I) (this hospital) attended		. 08 71 19	10 15.51	7 19
	that (1) (we) last saw the deceased alive			in (my) (aur) opinion de	oth occurred on the date
	and hour and fram the causes stated abave 23A. 51GNATURE	. (i) (We) (did) (did not) v	lew the bady after death.		
	50111111E3	ALD AHO	nding Med. T S		ATE SIGNED
	23C. PHYSICIANES	DEGREE Phys	Director Ph	hys. 2	-25-71
	NAME (Typel)		CALL COLUMN	20H IFIOL	10716
24/	BURIAL CREMATION, 1248, DATE 1240	DEGREE C. NAME OF CEMETERY OF CRE			or county) (State)
B	REMOVAL (Specify)	ew athedral		alto. Md.	1-14163
25/	DEC 28 197	SE SABOL A 2	Leonard J. Ru	ck Inc. Balto.	ADDRESS Md
VS	150-REV. 1/1/68	, , , , , , , , , , , , , , , , , , , ,	•		



IMPORTANT FUNERAL DIRECTOR:

deceased priar ta death); and (6) No physician was in regular attendance on the deceased priar to death. Such written appraval must be obtained before the remains are embalmed or final dispasition is made. This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a hospital and the bady was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident af any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pranaunced death was in regular attendance an the VS 150-REV. 1/1/68

BALTIMORE CITY	Y HEALTH DEPARTMENT 74 44065
BIRTH NO. 71 11965 CERTIFICA	TE OF DEATH REG. NO. 71. 11965
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) CHARLES E. HOFSTETTER	December 23, 1971 2.00 T m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Md.
INSTITUTION	Baltimore D. INSIDE CITY LIMITS?
2902 White Ave., Balto.Md.	E. STREET AND NUMBER
00	2902 White Ave.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED NUMBER	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Manths; Days Haurs; Min.
MIDOMED DIVORCED	6/20/1881 90
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	
Ret. Grocer Self-Employed	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Hofstetter	Catherine Neidhardt
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT Caroline Hofstetter ADDRESS
No 216-46-680	5 EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
18. 4/2 31 CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	4 02800 Sto Dough
LEADING TO DEATH (This does not mean the made of dying, e.g.,	USE A CONSEQUENCE OF:
heall failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	of the family.
(B)	S A CONSEQUENCE OF:
rise to the abave cause (A) stating the	a les salles
UNDERLYING CONDITION last. (C).	apaga avano ans
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	20 A. AUTOPSY? (Yes or Nol 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
THE CONTRACTOR OF THE CONTRACT	
OR CONTRIBUTING CAUSE OF OB DEATH (notify medical examine) OCUMENT OF THE CONTRIBUTION CAUSE OF LOCAL CONTRIBUTION CAUSE OF LOCAL CONTRIBUTION CAUSE OF LOCAL CONTRIBUTION CAUSE OF LOCAL CAUSE OF LOCA	in ar about 21C. WHERE DID affice bldg., INJURY OCCUR? (If in Baltimare City, give exact location)
0	21F. HOW DID INJURY OCCUR?
While At Not Whi	ile
Wark At Wark	
22. I certify that (I) (this heaptral) attended the deceased from	19 10 19 19
that (1) (we) last saw the deceased alive an	and that in(my) (ayr) opinion death occurred on the date
and hauf and from the causes stated above. (1) (%) (did) (did/hat)	view the body after death. 238, DATE SIGNED
Ath All Mark	ending Med. Staff 7
DEGREE Phy	ys. Director Phys. 23D. ADDRESS
230. PHYSICIAIN TO THE NAME (Type)	3 - 4 E - 20 10 - 1/2/4
Dr. Donald Mintzer/	1300 9 WELLERANNE DATO MI
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CR	REMATORY (City, town, or county) (Stotel
Barial 12-27-71 Baltimore Ce	metery Balto., Md.
DEC 28 1971 232 E. Jakes 20	Leonard J. Ruck Inc., Balto.Md.
I U D = IUI I	

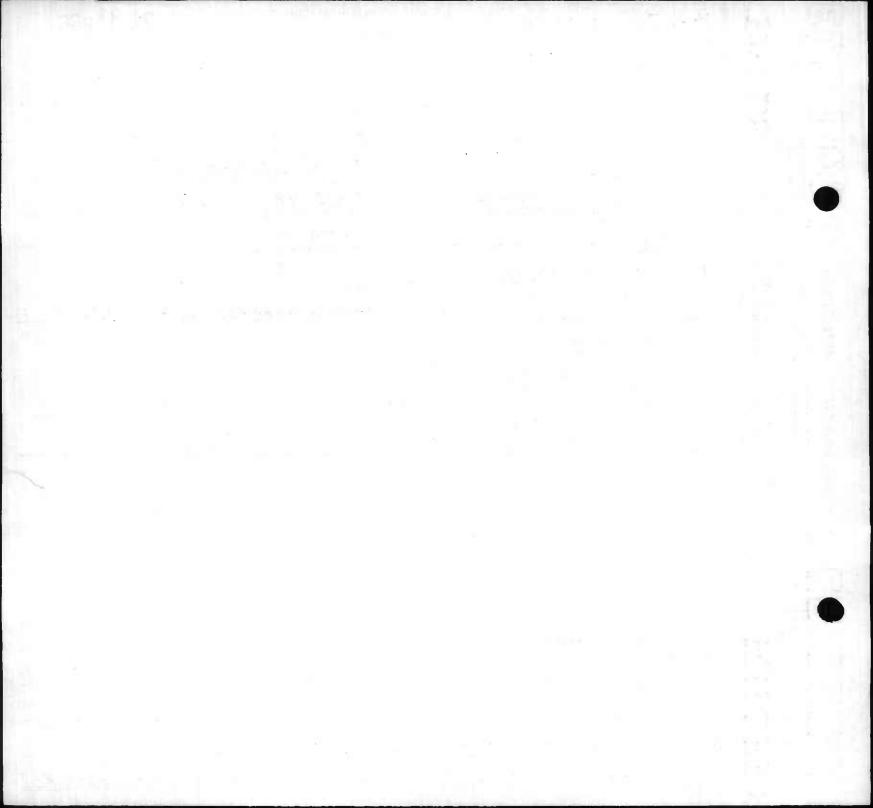
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-130 -11-00	BALTIMORE CITY	HEALTH DEPARTMENT		74 44000
B-630 71 11966 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	71 11966
1. NAME OF DECEASED KATERILY/A (Type or Print) BERTI, CATERILY/A	4	2. DATE A	ND HOUR OF DEATH	7/1 10: 45A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lives, If in	shiulion: residence belove admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	MARYLAND c. CITY OR TOWN		DE CITY LIMITS?
3 MARROLL HOSD	ital	BALTIMORIE. STREET AND NUMBER		YES NO
THE PROPERTY	, , , ,	1304 GC	DUGH S	T.
5. SEX 6. RACE 7. MARRIED 1	DIVORCED	8. DATE OF SIRTH 4-30-94	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B KIND OF 8US	INESS OR INDUSTRY	11. BIRTHPLA CE (State or for	eign country)	12. CITIZEN OF WHAT COUNTR
HOUSEWIFE		ITALY		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
SOMONIC PENNONI 5. Was Deceased Ever In U. S. Armed Forces? [16.		?	Be	ERTI
Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	8.036302	THERESA GAB,	RIELE 209	S. EXETER ST
DISEASE OR CONDITION DIRECTLY	CAUSE OF BEAT			BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A)IMMEDIATE CAU	SE A CUTE MI	OCARDIAL	INFARCTION
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO, OR AS	CONSEQUENCE OF:	WITH	FATAL ARRHYTM
ANTECEDENT CAUSES	CORONI	ARY ARTERY	0 0 0 1 4 5 1 0 1	r
DISEASES OR CONDITIONS, if any, giving		ARY ARTERY A CONSEQUENCE OF:		***************************************
rise to the above cause (A) stating the UNDERLYING CONDITION last.	MATHER	SCLEROTIC	HEART E	CIEASE.
11	(6/2000000000000000000000000000000000000			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Di	ABETES A	18661753	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 21B. PLA	H OPERATION	20A. AUTOPSYT (Yes or N	O) 20B, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
	CE OF INJURY fe.g., in foctory, street, off	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Boltimore	e City, give exect location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJ GAPPROX.) While A	t Not While	21F. HOW DID IN.	JURY OCCUR?	
Work		7 4 3		
22. I certify that (I) (this hespital) attended the dethat (I) (we) lost saw the deceased alive on				EMBER 22 1971
ond hour and from the couses stated above. (1) (#			ot in (my) (out) obta	ilon deoth occurred on the dot
23A_SIGNATURE	e) (ala) (ale-let) VI	ew the body diter deoth.		238, DATE SIGNED
Joseph Notarangela	M.D. Affer	ding Med.	Staff Phys.	DECEMBER 27.7
23 CAPHYSICIAMS NAME (Type) JOSEPH NOTARANGELO	2	30. ADDRESS 30(St. Par	o Place	Poting m
24A. BURIAL CREMATION, 124B. DATE 124C. NAME	OI CEMETERY OF CRE		OCATION (City	y, town, or county) (State)
BURIAL 12-31-71 HOLY	REDEEME	R CEM BA	ALTO.	MP.
DEC 28 171 Page E. Jacken	GISTRAR AL	JOHN M WEB	FR+CANCINI	ADDRESS UDISCHESTERS
VS 150-REV, 1/1/68	- V	NVIII WED	-11 1001171116	THUMPTEND



	l and	death	bespe	n the	Such	
	approved by the chief medical examiner or his assistant if death occurred in a hospital and	use of	(5) Dec	dance o	death.	
	d in a	ng ca	cause	attenc	rior to	
	ccurre	tributi	mined	gular	sed pi	made.
	eath o	or con	ndeter	s in re	decea	ition is
F	nt if d	direct	1; (4) U	th was	out no	disposi
FUNERAL DIRECTOR: IMPORTANT	assista	if the	ny kind	d deal	ance o	r final
IMPO	or his	Also, i	e of ar	TOUNCE	attend	o pem
TOR:	miner	niner.	fractur	o proi	gular	embal
IREC	al exa	l exan	(3) A	an wh	in re	ns are
SAL D	medic	nedica	burns	shysici	an was	remai
CNE	e chief	ру ап	() Body	o the	hysicie	ore the
tii.	by the	spital	ure; (2	where	5) No p	be obtained before the remains are embalmed or final disposition is made.
	provec	the ho	iny nat	except	and (c	obtain
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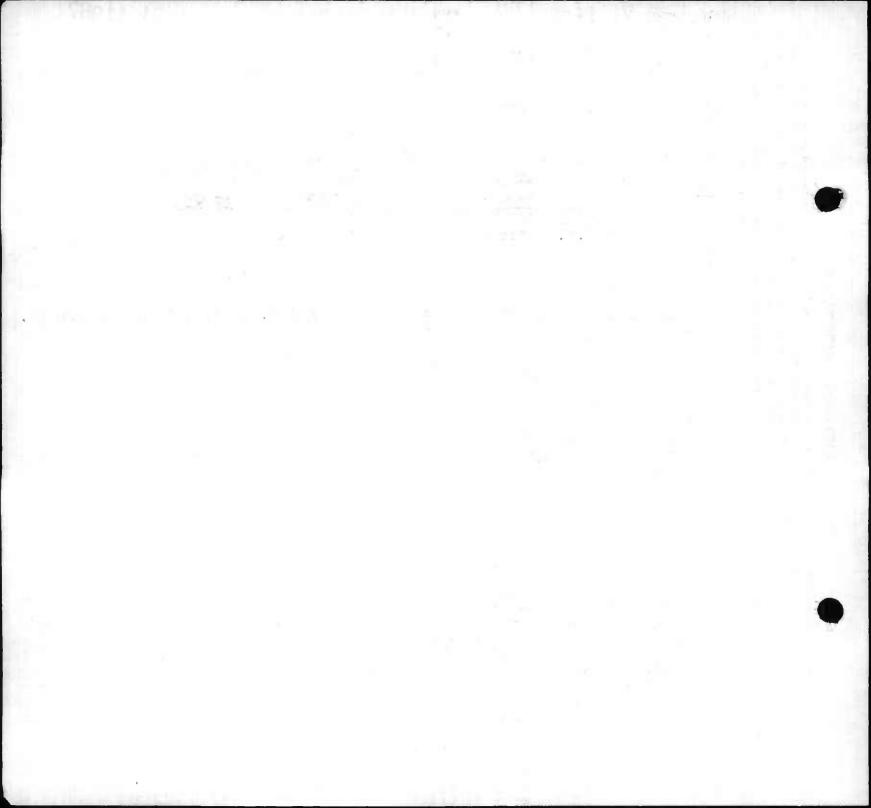
Was

o

An accident

the body was released shows: (1) An accident

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED Gamp 2. DATE AND HOUR OF DEATH (Type or Print) 12-25-7 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, Il institution: residence A. STATE B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CITY Md. BAITIMOT HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? BAITIMORE YES X NO E. STREET AND NUMBER Meno RiAl HOSPITAL Retmere BOAd 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (in years lost birthday) 7- MARRIED NEVER MARRIED If Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours 12-25-80 WIDOWED X DIVORCED IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife & R.N. Retired AWOI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANCIS Jenkins SHINN DIOIN 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor at dates of service) SECURITY NO. 7. INFORMANT ADDRESS NO 046 38 6916 Ji Mrs Pearl E. Williams 3727 Rexmere CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES C DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Bolttmore City, give exect location) MEDICAL DEATH (notify medical examined OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram 17-18-7 10-12-25that (i) (we) last saw the deceased alive an 12-25 -7 and that in(my) (aur) opinion death accurred an the date and hoor and from the causes stated above. (i) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED ere Attending [QIIIIIII 15-51-) Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) JAIRO PAMITEZ UDION MONDEIA DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY (City, town, or county) (State) REMOVAL (Specify) Entombment 12/28/ Woodlawn Maryland Lorraine Park Mausoleum 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 8 HENRY SANDER & SONS INC. BALTIMORE MARYLAND 21213 VS 150-REV. 1/1/68

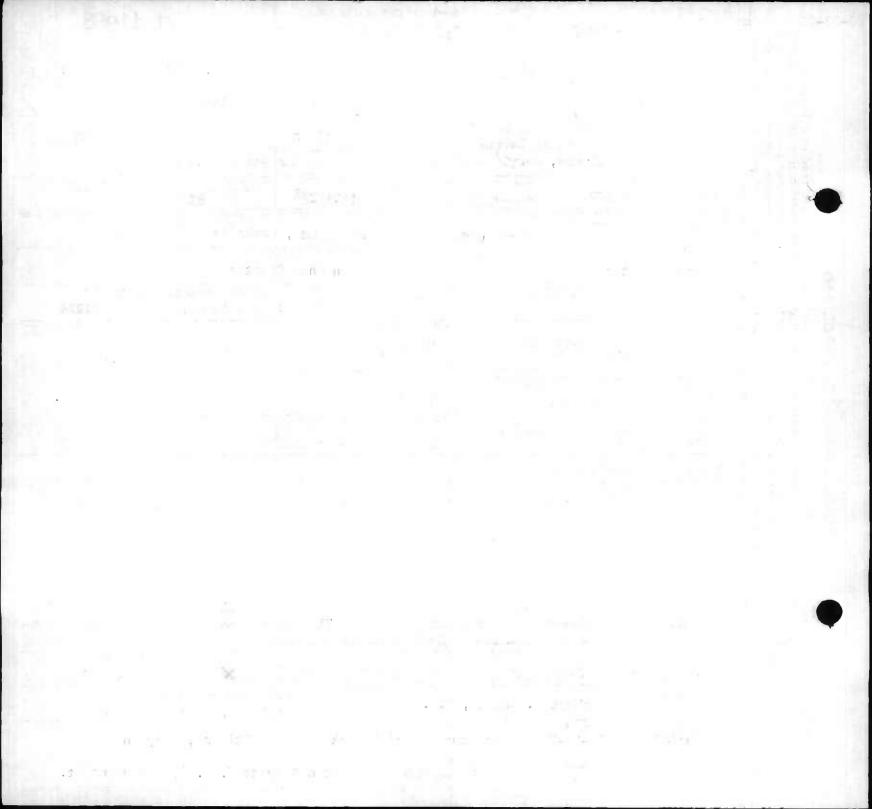


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This cortificate must be approved by the chief medical examiner or his assistant if death octurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

1		74	44	nas
REG.	NO.	14	J. J.	COL

1	-520				BALTIMORE CITY	HEALTH DEPARTMENT	,	14 4	4009
RID	TH NO. 71	11968			CERTIFICA	TE OF DEATH	REG. NO.	1 1	TA00
1. N	AME OF DECEAS	0					AND HOUR OF DEATH		
(g)	e or Print)	ary Lillie	Banks			Dece	mber 24, 197	1	2:05 p.
3.		ORE MARYLAND, W			NCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased lived. If is	nstitution:	2:05 pm.
FU	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR IN	STITU	TION, GIVE STREET	Maryland	Baltimore		5 308
IN.	MOUNTE	Baltimore (Hos	pitals	C. CITY OR TOWN	D. INS	IDE CITY	
	3/	4940 Easter	-			Baltimore E. STREET AND NUMBER		YES _	NO
		Baltimore,	Mary	lan	d 21224		Street 21222		
5. S	EX 6.	RACE	7- MARR	HED [NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	II Und	er 1 Yr. If Under 24 Hrs.
	emale	Negro	WIDOV	VED C	XX DIVORCED	11-19-84	last birthdayl	Months	Days Hours Min.
don	OCCUPA during most of work	TION (Give kind of work ting life, even if refired)	IOB, KINI	OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	areign country)	12, CIT	IZEN OF WHAT COUNTRY?
			Ho	use	wife	Maryland , C	ambridge	U:	SA
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME		
	Moses Che					John Anna Ch			
(Yes	,no or unknown! (If	yes, give war or dote	s of servi	cel	6. SOCIAL SECURITY NO.	17. INFORMANT	4940 Eastern	n Ave	nute DRESS
						BCH RECORDS:	Baltimore, N	Maryl	and 21224
	18. 4. 10	.7			CAUSE OF DEATH	1			APPROXIMATE INTERVAL
		OR CONDITION DI	RECTLY		Candia	Pulm. Arr	ept		
		ADING TO DEATH	4.4		(A) IMMEDIATE CAU	SE			30 nun
	heart failure, ast	mean the mode of henia, etc. It means talian which caused	the dise	e.g.,	DUE TO, OR AS	CONSEQUENCE OF:			
		RECEDENT CAUSES	7.5		10 Aceta	MI			32 hrs.
		CONDITIONS, if of the condition last			1	a consequence of:	OCM.		30 hrs
	ONDERENITO C	44			(C)	7-7-7	***************************************		
ATION	TO THE DEATH B	II NT CONDITIONS COI UT NOT RELATED TO TI DITION GIVEN IN PAR	LE TERMIN		Christin	OBst. Pul	m Dis.		+10ys
		ERATION 19R CON-	DITION F	OR W	HICH OPERATION	20A-AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF	CONSIDERED DEATH?
CER	21A. ACCIDENT	WAS UNDERLYING		21 B. P	LACE OF INJUST (e.g., in	or about 21C, WHERE DID	iif In Rollings	re City el	ve exact location)
CAL	OR CONTRIBUTING	WAS UNDERLYING DICAUSE OF		home,	form, foctory, street, of	ico bidg. INJURY OCCUR?	hi iu panuai	a cust an	e exact recurrent
0	21D.TIME (M	ionth) (Day) (Tear)	(Hour)	21€. [NJURY OCCURRED	21F. HOW DID II	NJURT OCCUR?		
3	(APPROX.)			While					
	22. I certify tha	tXX(this hospital) attende	100,000	deceased from De	cember 23	19 71 to Dece	ember	24 10 71
	that Miwe) las	st saw the decease	d alive	on_D	ecember 24	19 71 and	that In (CV) (our) opl		ith accurred an the date
	and haur and fre	am the causes stat	ed above	o. (K	(Me) (q1q) (%%%%) A	ew the bady after death	1.	1228 5 4	TE SIGNED
	Q . 1.	LII na	011		Atter	nding Med.	Staff N		100
	23C. PHYSICIAN'S	H CAL	ech	16	DEGREE Phys	Director L.	Staff Phys.	1/2-	24-71
	NAME (Type)	Robert	н. С	ree	ch, M.D.		Eastern Aver imore, Maryla		1224
24 A	BURIAL CREMA	TION, 248. DATE	240	C. NAA	AE of CEMETERY OF CRE				or county) (State)
	Burial Spec	12-28-7		-	butus Memoria		Baltimore, Ma		
25A	DATE REC'D BY		268. NAA		Jaber KD.	25C FUNERAL DIRECTO	1		ADDRESS
Ve .	JE 150-REV. 1/1/68	U & 9 13/1	٥٥٩	-	1-1010, 1.0.	1101 2011 6 17		J, EG	u. 5115 0 ()
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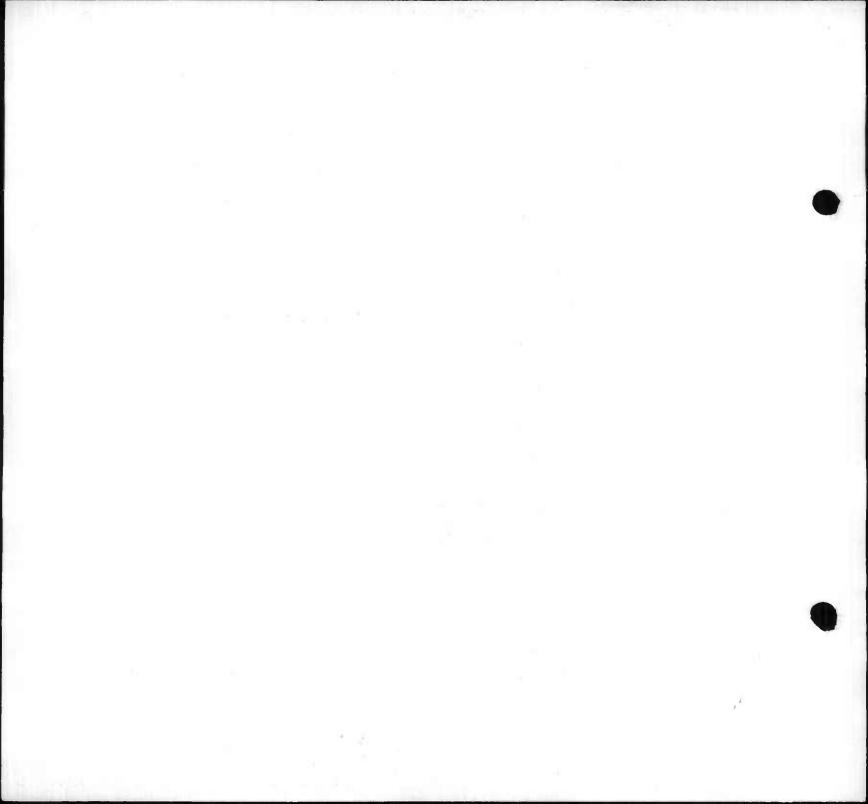


1	1	236271 11969	BALTIMORE CITY	HEALTH DEPARTMENT
7667G		71. 11969		TE OF DEATH REG. NO.
an ase ase th th	1,1	IAME OF DECEASED		12. DATE AND HOUR OF DEATH
of do Dece o on 1th.		PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	2/17. 12/26/71. Fits 4. USUAL RESIDENCE (Where deceased lived, If in
5) 5) 100 100	1 ,	LL NAME OF (IF NOT IN HOSPITAL OR IN		A. STATE B. COUNTY
0 de c	I H	SPITAL OR ADDRESS OR LOCATION	ASTRONOM, GIVE STREET	C, CITY OR TOWN D. INSI
ng c caus atter		+ 3	,	E. STREET AND NUMBER
0+0-00	5	OUTH BALTIMARE GE	N. Hosp.	923. BEVAN ST.
occurr ontribu ermine regula eased is mad	5.	MACE BLACK, WIDON		8. DATE OF BIRTH 9. AGE (In years lost birthday)
0 - 5	104	USUAL OCCUPATION (Give kind of work 10% KIN		11. BIRTHPLACE (Stote or foreign country)
or or ind de		? Kev	ve Copper	Brooklyn, Ud.
if dect waw	13.	FATHER'S NAME	.) //	14. MOTHER'S MAIDEN NAME
	15.	Nos Deceased Ever in U. S. Armod Forces?	SON 11 6. SOCIAL	17. INFORMANT
assistant if the di ny kind; od death lance on r final di	(10	no or ugknown) (If yes, give war as dates of serv	SECURITY NO.	Kning Patterson -
- 0.0 0 1		18. /8 3 XI	CAUSE OF DEATH	
S of c of c of c of c of c of c of c of		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		- Perfectle G. Prostate
		(This does not mean the made of dying, heart lailure, asthenia, etc. It means the dise	e.g., OSE, DUE TO, OR AS A	CONSEQUENCE OF:
examiner (xaminer. () A fractu who pro n regular are emba		injury or complication which caused death.) ANTECEDENT CAUSES	Metata	ais to day, hop & for
A f who		DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:
P 2 2 2 2 2 1		rise to the above cause (A) stoling UNDERLYING CONDITION last.	(C)	
medica medica burns; physici an was	z	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG	
	ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	
F O O F S	CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A-AUTOPSY? (Yos or No.) 20B. IF YES, WERE F.
for to be		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, factory, street, offi	or obout 21C. WHERE DID (If In Boltimore ce bldg., INJURY OCCUR?
	MEDICAL	DEATH (natify medical examined) 21 D. TIME (Month) (Doy) (Year) (Hough	21E INJURY OCCURRED	
oved by e hospite r nature; ccept wh nd (6) Notained b	ME	OF INJURY (APPROX.)	While At Not While Work	21F. HOW DID INJURY OCCUR?
		22. I certify that (I) (this hospital) attend		19 ta /2 -
to the to the of an (ex); all (b); all (b)		that (i) (we) last saw the deceased alive	on 12-26-71.	19 9:15 Mand that In(my) (aur) apin
eased tident of hospital death		and have and from the causes stated above	e. (1) (We) (did) (did nat) vi	ew the bady after death.
ho d		Far of Cherry	Atten Phys.	ding Med. Staff Phys.
y was rely y was rely 1) An acci).A. at a b d prior to approval	-	NAME (Type)	DEGREE	BD. ADDRESS
r was r was l) An A. at d prio	24A	BURIAL CREMATION, 124B. DATE 1246	C. NAME OF CEMETERY OF CREA	SOWTH BACTO GEN- H
D.O.O.	1	WEMOVAL (Specify) 12-31-71 W	A Anhusou	AATORY 240-LOCATION (City
This certificate must be app the body was released to the shows: (1) An accident of an was D.O.A. at a hospital (ex deceased prior to death); a written approval must be of	25A	DATE REC'D BY HEALTH DEPT. 258 NAM	AE OF REGISTRAR	25G. PUNERAL DIRECTOR
-+4707	VS 1	DFC 28 197 1/466	& E. Jaben, M.D.	MORTON LYETT F.H.

1 11969 DE CITY LIMITS? YES NO 🗌 If Under 1 %. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS SAME

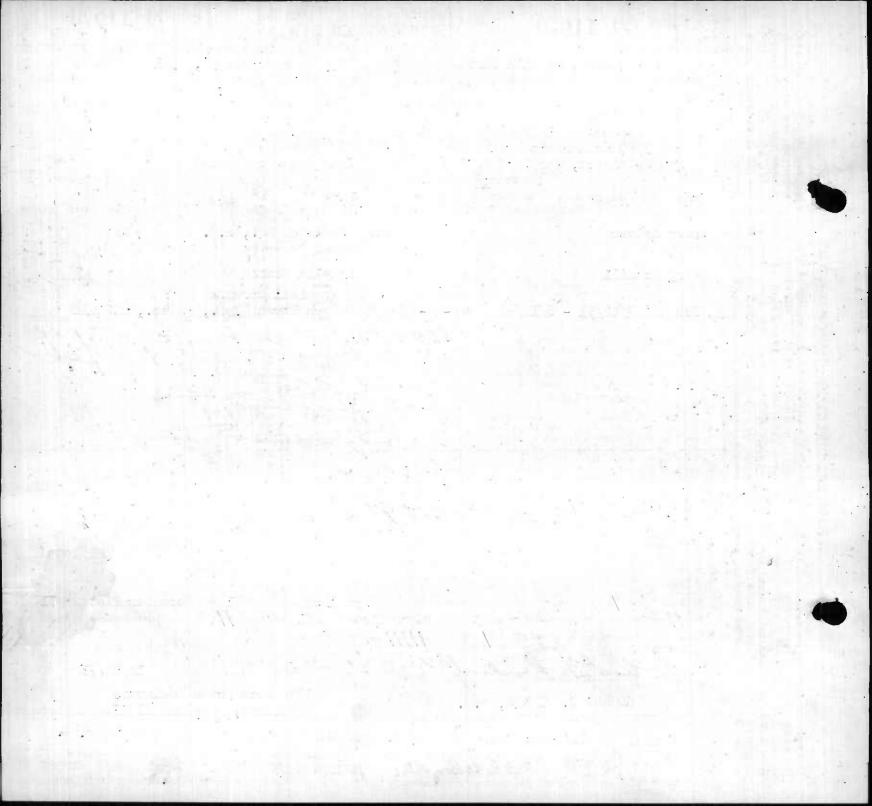
APPROXIMATE INTERVAL

BETWEEN ONSET AND GEATH INDINGS CONSIDERED City, give exect location) ian death accurred an the date 23B. DATE SIGNED wn, or countyl (Stote)



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	DA	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	

1	2-650	BALTIMORE CITY	HEALTH DEPARTMENT	po-	4 44000
6	/1. 119/0	CERTIFICA	TE OF DEATH	REG. NO.	1 11970
	RTH NO. NAME OF DECEASED			D HOUR OF DEATH	
(T)	(Pe or Print) GRAHAM, WILLIAM	TAFT		ber 21, 197	1.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD		e deceosed lived. If ins	titution: residence before admission)
FI	JEL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION CIVE STREET	Maryland	11	2002
H	JEL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) ISTITUTION	STITOTION, GIVE STREET	C. CITY OR TOWN	D. INSIC	DE CITY LIMITS?
1	Veterans Administr	ation Hospital	Baltimore		YES Y NO
	3900 Loch Raven Bo	ulevard	E. STREET AND NUMBER		
1	Baltimore, Marylan	d_21218	2815 Mulberry	Street	
S.	SEX 6- RACE 7- MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Male Negro widow		1/8/29	42	
	A. USUAL OCCUPATION (Give kind of work 10 B. KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	truck driver		Robinson Co.	N.C.	USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
1	Uannur MaNoill		Estella Graha	3 000	
15.	Henry McNeill Was Deceased Eyer in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	dit -	ADDRESS
110	es, no or unknown) (II yes, give wor or dotes of serv		17. INFORMANT VA Hospital Re		362 0200
1-	Yes 3/22/51 - 8/18/5	3 240-40-1835 CAUSE OF DEATH	3900 Loch Raven	Blvd., Balt	o. Md 21218
	DISEASE OR CONDITION DIRECTLY	Cars	Jee - 10-	ton	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	" Or est	Julius .	7 1/2 hr
	(This does not mean the mode of dying, hearf failure, osthenia, etc. 11 means the dise	e.g., DIJE TO OR AS	A CONSEQUENCE OF:		1 / 20
	injury or complication which coused death.)	Ever	t Re-	0 = 8	
	ANTECEDENT CAUSES	(0) A most -	Out Time	el P	
	DISEASES OR CONDITIONS, if ony, gi		A CONSEQUENCE OF:		
	rise to the above couse (A) sfofing UNDERLYING CONDITION losf.	fhe (C)	y xneun	voreelou	ic)
	ll l	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI			\vee	
A	; ITO THE DEATH BUT NOT RELATED TO THE TERMIT ! DISEASE OR CONDITION GIVEN IN PART F (A).				
TIEIC	19A. DAYE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
1 2	Tube	reuloses /	YES		
AL C	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY Je.g., in home, lorm, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(It in Boltimore	City, give exoct location)
U					
MEDI	OF INJURY	While At Not While	21F. HOW DID INJU	JRY OCCUR?	
`	(APPROX.)	Work At Work			
+	22. 1 certify that (1) (this hospital) attend	ed the deceosed from	Sept 14th 1	9 71 to Sece	mber 21st 1971
	that fly (we) lost sow the deceased olive	on December 2	1st 19 71 and the	it in fry) (our) apin	ian deoth occurred on the dote
	and hour and from the couses stated above	e. () (We) (did) (fight hoft) v	lew the body ofter deoth.		
	23A-STGNASURE	1 14.1			23B. DATE SIGNED
1/	Mobile Kin	Rein DEGREE Phys	nding Med.	Staff Phys.	12/22/71.
1	23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS	ch Raven Bou	Lerrand
	ROBERT D. PINKIN	, M.D.		0.00	
24	A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	re Maryland	, town, or county) (Stote)
	Burial 12/26/71	St. James Bapt.	Ch. Cem. Red	l Springs, No	orth Carolina
25	A. DATE REC'D BY HEALTH DEPT. 258 NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	DEC 20 19/1 UkoBers	E. Jaben K.D.	MORTON & DYETT	F.H. 1701	Laurens Street
VS	150-PEV 1/1/68				



IMPORTANT

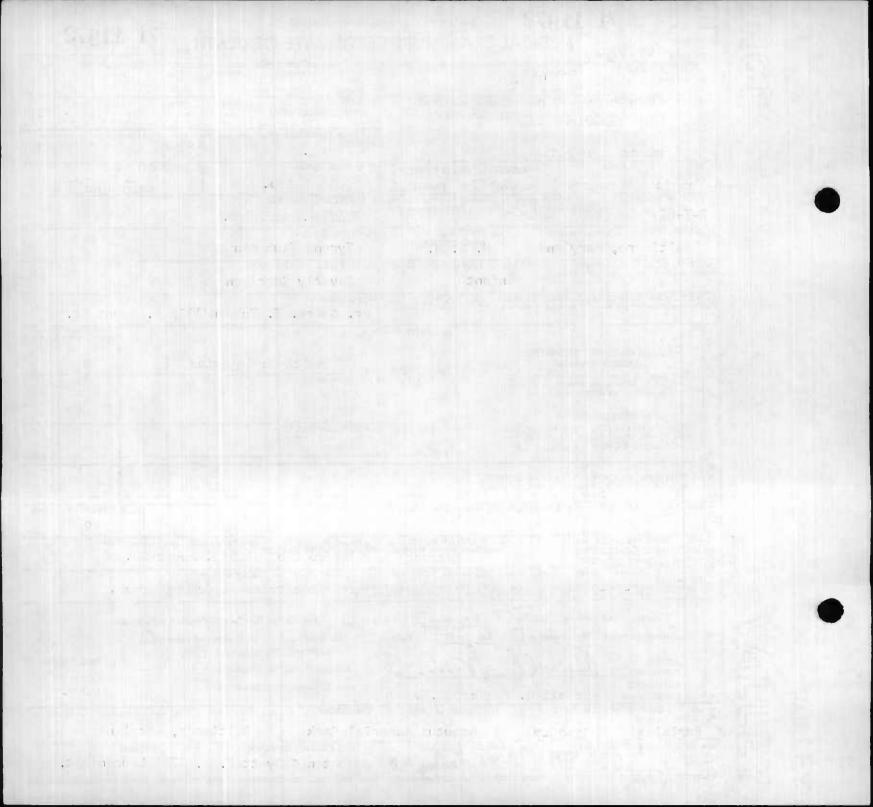
FUNERAL DIRECTOR:

1-200.	A A MAY C	BALTIMORI	CITY HEALTH DE	EPARTMENT			
BIRTH NO.	11971	CERTIF	CATE OF	DEATH	REG. NO	71 119	71
I. NAME OF DECEASE	D ,	1			HOUR OF DEATH	н	
	TH J.	Lewis		12/27/	171-5:	40 Am	
3. PLACE IN BALTIMO	RE MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL R	RESIDENCE (Where	deceosed lived. It	institution: residenc	e befare admissia
FULL NAME OF HOSPITAL OR	IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREE				16	05
CHASTILLO HOM	1 ,		I GLUINT OK		D. IN	SIDE CITY LIMITS?	No.
Provident	1 1 1	1	Ba L	timore AND NUMBER		YES 🔽	ио 🗌
2600 Libe	-ty Heigh	NORE	2600	4 . 1	4 4 149	1,15. n.	
5. SEX 6. RA		MARRIED NEVER MARRIE		BIRTH 9.	AGE Iln yeors		It Under 24 He
FB	lack v	VIDOWED DIVORCE	11-5	27 tos	birthday	Months Doys	It Under 24 Hr Hours Min.
IOA, USUAL OCCUPATI	ON (Give kind of work 108	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLA	CE State or loseign	country)	12. CITIZEN OF	WHAT COUNT
NONE) ine, even it retired)		Bo L	timore			
13 FATHER'S NAME	- i	1,		S MAIDEN NAME		4.5	H
DAVID	SIBUR	hton	Han	=14	-		
15. Was Deceased Ever (Yes, na ar unknown) (If ye	in U. S. Armed Forces		17 INFORMA	ANT AU	W	ADDR	ESS
A/A	3, Aisa Mat at dates at	SECURITY NO.	11-11	on heu	2:	809 111	1 1
18.	7.1	CAUSE OF		ongheu	110 -01	101-UL	7045h
DISEASE OR	CONDITION DIREC		^		4.	BETWEEN	N ONSET AND DEAT
	ING TO DEATH	(A) IMMEDIA	E CAUSE	esperal	ones An	ves	
heart failure, asthe	ean the mode of dy nia, etc. it means the	disease. DUE TO, C	R AS A CONSEQUE				
injury ar complicat	ion which caused dec	ith.)	\bigcirc	,			
	CEDENT CAUSES	(B)	Carcin	my of	the lu	ra(
rise to the abo	ONDITIONS, if any, ove cause (A) sta	giving DUE TO, (R AS A CONSEQUE	NCE OF:		-	************
UNDERLYING CO	NDITION last.	(C)					***************************************
Z OTHER SIGNISICANI	11	Internal Control of Co					
F TO THE DEATH BUT	CONDITIONS CONTR	ERMINAL					
19A. DATE OF OPER	ATION 198 CONDITI	ON FOR WHICH OPERATION	20 A. AUTO	OPSY? (Yes at Na) 2	20B. IF YES, WERE	FINDINGS CONSI	DERED
19A. DATE OF OPER	WAS PERFORM	WED		ti	N CERTIFYING CA	AUSES OF DEATH?	
OR CONTRIBUTING	CAUSE OF	21B. PLACE OF INJURY home, form, foctory, stre	e.g., in or about 21C.	WHERE DID	(If In Baltimo	re City, give exact l	location)
DEATH (notity medic		elc.)					
S OF INJURY	th) (Dayt tYear) (H	out 21E INJURY OCCURRED		HOW DID INJURY	Y OCCUR?		
(APPROXI			While Work				
22. I certify that (I) (this hospital) at	tended the deceased from.		19	ta		19
that (i) (we) last	saw the deceased a	ive an	19	and that i	in(my) (our) opi	inion death occu	rred on the da
and hour and from	the causes stated	above. (1) (We) (did) (did n	at) view the body	after death.			
23A. SIGNATURE	10 0	1				23B, DATE SIGNE	ED
	Telia (9.	Horal M.D.	Attending Phys.	Med. Stol	off.		
23C. PHYSICIAN'S NAME (Type)	2	- JEOREE	23D. ADDRESS				
		1	Cass				
REMOVAL (Specify)	N, 24B. DATE	24C. NAME OF CEMETERY O	CREMATORY	24D. LOCA	ATION (C	ity, town, for county	t (Stotet
DUVIAL	12-30-11	Heputure	Allow 1	PK BU	2/fr. 1/	Ud-	1
25A. DATE REC'D BY HE	ALIN DEFI. 258.	NAME OF REGISTRAR	25CI FUNE	RAL DIRECTOR		/ ADE	ORESS
DEC	28 1971 12	Bert E. Farber KI	. NON	eton+	Diett	F.HI.	201- hALL
\$ 150-REV. 1/1/6B					1		7010

The hours Hart that we have the

VS 151-REV. 7/1/68

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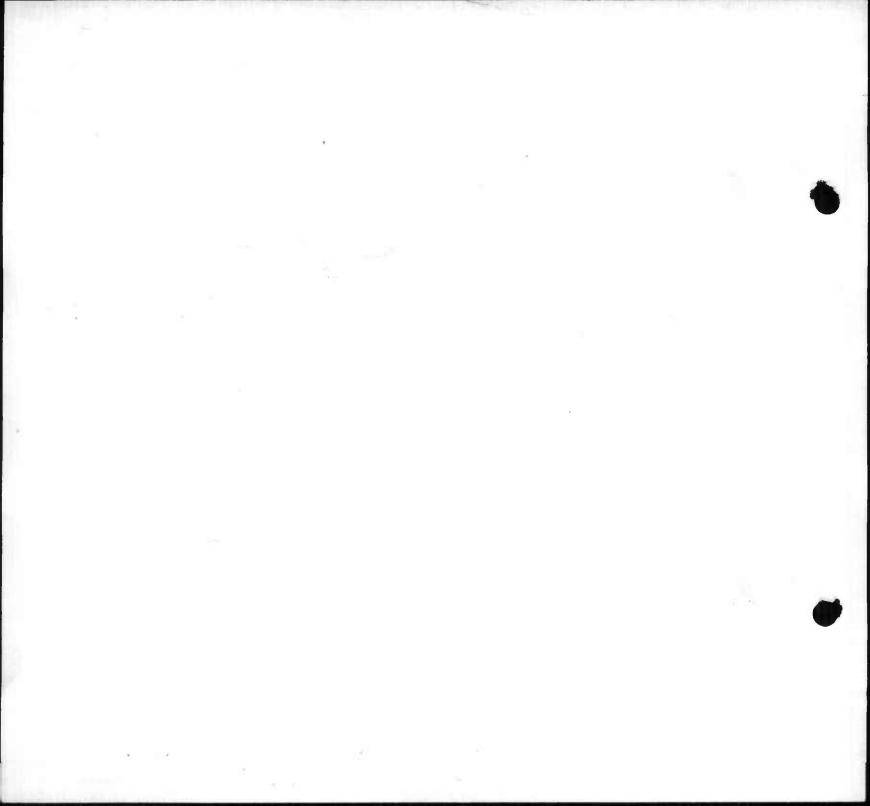


IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11.	~ 55/104 44 amo		HEALTH DEPARTMENT	71	11973
В	ORTH NO.	ERTIFICAT	TE OF DEATH	REG. NO.	
1,	NAME OF DECEASED ype or Print)	(2. DATE AN	O HOUR OF DEATH	20/
	SMITH ELV	10.	12	123/71	11°20 PM
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Where A. STATE , B. COUN'	e deceased lived. If instit	lution: residence before admission)
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, COSPITAL OR ADDRESS OR LOCATION)	GVE STREET	md 1		1502
ii	ADDRESS OR LOCATION)	11	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
	I I I Tuthoman Horn		Balto.	Υ	ES 🔣 NO 🗌
	Lutheran Hosp.		E. STREET AND NUMBER	WHA AVR	Penn
5,	SEX 6. RACE 7. MARRIED PNEVE	R MARRIED 8	DATE OF BIRTH	ast birthday)	If Under 1 Yr. If Under 24 Hrs. Nonths: Doys Hours Min.
	M Negroid WIDOWED	DIVORCED	9- 26- 25	3/	
de	A. USUAL OCCUPATION (Give kind of work 10 B. KINO OF BUSINE:	S OR INDUSTRY	1. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Unemplayed -		MARYLA	nd	6.5 A
113	FATHER'S NAME	14	4. MOTHER'S MAIDEN NAN		
15	Wos Deceased Ever in U. S. Armed Forces? 16. SOC		INEZ	(ARTEI	•
(Y		URITY NO.	7. INFORMANT Inez. S		
	NO A		SXXXXXXX	2803 W. N	orth Ave.
		USE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		40 100/000		
	I Linis does not mean the mode of dving en	DUE TO, OR AS A	CONSEQUENCE OF: 7 - /	LC STOCKA	144
	heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)		WES	phoyeal var	460
	ANTECEDENT CAUSES	. PINVI	has in lost	Party Cavas	(d) ti
	DISEASES OR CONDITIONS, it any, giving	DUE TO, OR AS A	CONSEQUENCE OF:	yara (ava	3/4/
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	3)			
		*/			
ATION					
		**********************	***************************************	-	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION	20A. AUTOPSY? (Yes at Na)	20B. IF YES, WERE FINE	DINGS CONSIDERED
	21A ACCIDENT WAS HINDERLYING TO LOVE BY AS A		Jes 1		
AL.	OR CONTRIBUTINO CAUSE OF home, form.	factory, street, office	e bidg., INJURY OCCUR?	(If In Boltimare C	ily, give exact lacation)
-11 O					
MEDI	210. TIME (Manth) (Doy) (Yeor) (Hour) 21E, INJURY OF INJURY While At		21F. HOW DID INJU	RY OCCUR?	
-	(APPROX.) While Af	Nat While L			
	22. I certify that (1) (this hospital) attended the decea	sed from 12	123/7/ 19	to 12/	27/1974
	that (1) (we) lost saw the deceased office an 12	123/	19	In (my) (our) opinio	n death accurred on the date
	and hour and from the causes stated above, (1) (We) (d	lid) (did not) vie			
	23A. SIGNATURE	1.0		23	B. OATE SIGNED
	11. Crown gul 1	DEGREE Phys.	ing Med. S	hoff bys.	12/23/71
	23C. PHYSICIAN'S NAME (Type) AM IN CHANDC		D. AOORESS	/ 0	
	MINIK GIIDIO	DEGREE	HITHERA	N HOSP.	of M.D.
24	A. BURIAL CREMATION, 24B. OATE 24C. NAME of C	EMETERY OF CREM	ATORY 240. LO	CATION (City, 1	own, or county) (State)
	Burial 12-29-71 Mt. A	uburn Cer	m	Balto.,	Md.
25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGIST			V. Pailey	ADDRESS
	DEC 28 1971 Walled E. Jailey Mil	, ;	Kelson F.H.		in Street

VS 150-REV. 1/1/68



IMPORTANT FUNERAL DIRECTOR:

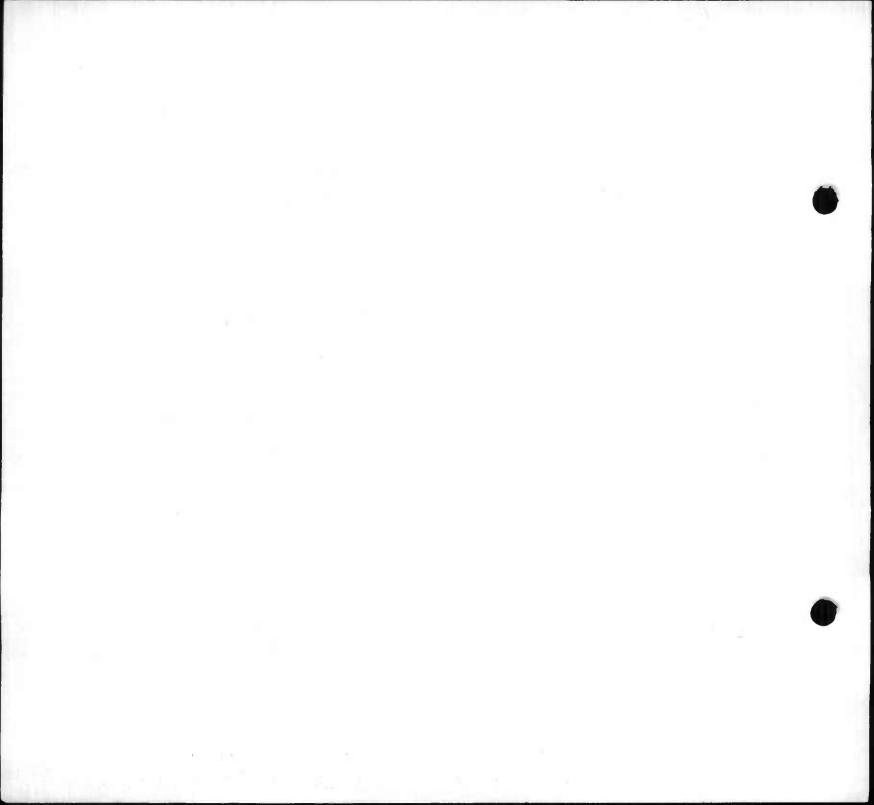
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE	CITY	HEALTH	DEPARTMENT
CEDILL	C 4	TE OF	DEATH

REG. No.	71	1197	1

L 250 11 119/1	CERTIFICA	TE OF DEATH	REG. NO.	L 11974
I. NAME OF DECEASED		2, DATE AN	ID HOUR OF DEATH	
(Type or Print) LOGAN. JOSE	oh A.	12-3	72-71 0	V1 9 a. "
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	SHOUNCED DEAD	4. USUAL RESIDENCE (Whee	e deceased lived. If institut	lian: residence belore admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	HOSPITAL	C. CITY OR TOWN	D. INSIDE C	CITY LIMITS?
Baltonia	ind. 2126	E. STREET AND NUMBER	ا دع	S NO .
	1 m. 21216	1626 Dei	ANO COU	irt .
5. SEX 6. RACE 7. MARI	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9-19-21	9. AGE (In years If Me	Under 1 Yr. If Under 24 Hrb.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY		gn country) 12	CITIZEN OF WHAT COUNTRY?
done during most al working life, even if retired)		11		<i>U.</i> 5
13. FATHER'S NAME		VIRGINIA,	WE	01.0
Isiah Logan		Sara		
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS (4) (Fe
yes	214-16-3963	MARY LO	GAN	SAME.
18. / 6 & / 1	CAUSE OF DEATH	1	9AN terminal	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		V	terminal	
(This does not meon the mode of dying, heart failure, osthenia, etc. It means the dise	e.g., DUE TO, OR AS A	SE A CONSEQUENCE OF:		***************************************
injury or complication which coused death.)	metas	tasis		
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(C)			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	NG NAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208, IF YES, WERE FINDI	INGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, off elc.)	or about 21 C. WHERE DID	(II In Boltimare City	y, give exact location)
21D.TIME (Month) (Day) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
[APPROX.]	While Al Nol While At Work			
22. I certify that (I) (this hospital) attend		12 1 20	971_ta12_1	23 19 7/
that (I) (we) last saw the deceased alive	an 12123 1	19and the		death accurred an the date
and haur and from the causes stated abov	e. (1) (We) (did) (did nai) vi	ew the bady after death.		
Anyana Su	she MS Atter	oding Med.	Staff 23 B.	DATE SIGNED
23C. PHYSICIAN'S NAME (Type) ANJANA		Director Dir	Phys. L.J	
24A. BURIAL CREMATION, 24B. DATE 241 REMOVAL (Specify)	DEGREE C. NAME OF CREATERY OF CREATERY	MATORY 24D. LC	CATION (City, Ia	wn, or county) (Slote)
Burial 12-28-71	Western Star	Cem. Bal	to.,Md.	
25A, DATE RECID BY HEALTH DEPT. 258, NA	AL OF REGISTIFAR	25C. FUNERAL DIRECTOR	V.Bailey	ADDRESS BALTA
	7.0	KELSON FUN	- HUNE 134	8 N CALMEUM 21

VS 150-REV. 1/1/68

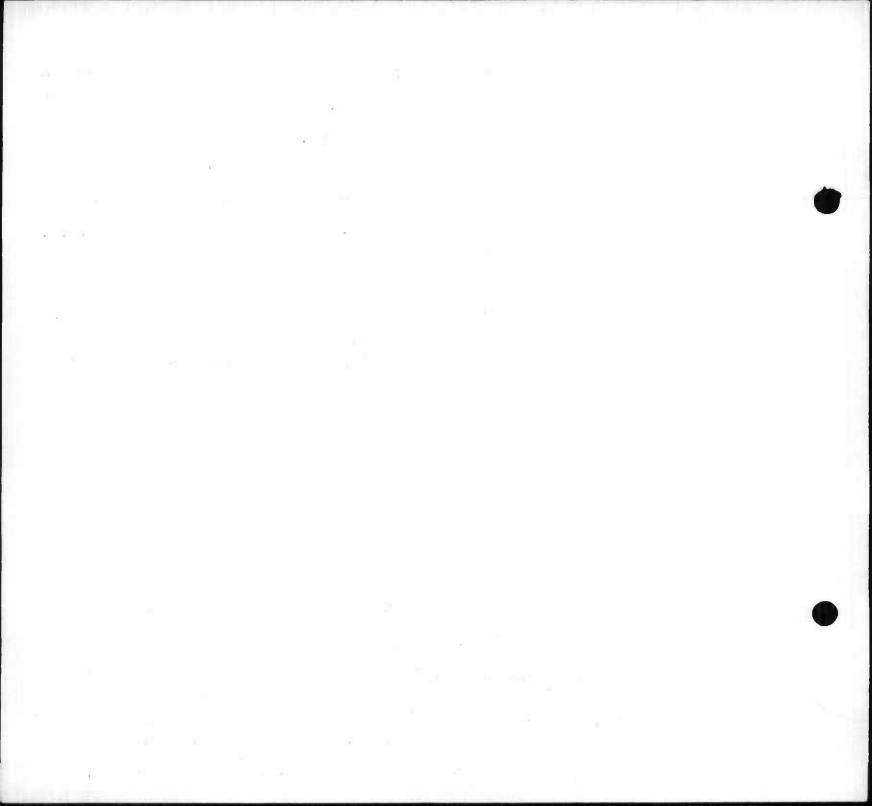


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	B-62	3	A _ 200 500		HEALTH DEPARTMENT	REG. NO '71	11975
	BIRTH NO.	71 1.	1975	CERTIFICA	TE OF DEATH		
	Type or Print)	Braxton	Same	(Samuel)	2. DATE A	Dec 1971	1 2:40 1
	3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. Il ins	titution: residence before admission)
- 11	FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	Md.		DE CITY LIMITS?
ľ	THE	JOHNS HOL	PKINS	HOSPITAL	Balto.		YEST NO [
	33				1000 Darle	y Ave.	
5		6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , II Under 24 Hrs.
	M	N	WIDOWED	DIVORCED [1-28-09	lost direndoy	Months Doys Hours Min.
	OA, USUAL OCCU lone during most of w	PATION (Give kind of work orking life, even if refired)	108 KIND OF BU	SINESS OR INDUSTRY	Va.	eign country)	U.S.A.
1	3. FATHER'S NAM	NE .			14. MOTHER'S MAIDEN NA	ME	
		<u> </u>					
	(es, no or unknown)	Ever in U.S. Armed Fore (If yes, give wor or dote:	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	yes		22.	3-16-0174	Pearline Ca	rter 1101	Calvert St.
	18.	OR CONDITION DIR	ECTIV	CAUSE OF DEATH	1	0 /-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Į. į	EADING TO DEATH		(A)IMMEDIATE CAU	se Myocardial	Tutavitim	2-3 lus.
	heori failure, a	I meon the mode of	the disease	DUE TO, OR AS		2.14(6)///	
		licolian which coused NTECEDENT CAUSES	death.)				£.
	DISEASES OF	CONDITIONS, II	Inv. giving	(B)	A CONSEQUENCE OF:	**********	***************************************
	rise to the	obave couse (A) CONDITION last.	stating the	(C)	***************************************	************************	
	OTHER SIGNIFIC	II	ITPIRUTING	/			
	ITO THE DEATH	BUT NOT RELATED TO THE	E TERMINAL		incer		10-12 Hess.
	DISEASE OR CO	OPERATION 198. CONE	ITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE FILL	NDINGS CONSIDERED SES OF DEATH?
1		WAS UNDERLYING	21B. PLA	CE OF INJURY (e.g., in	or obout 21 C. WHERE DID		City, give exect location)
	DEATH (notify n	ING CAUSE OF	home, fo	orm, foctory, street, off	ice bidg., INJURY OCCUR?	h in bollmore	City, give exect lecollen;
100	OF INJURY	Month) (Doy) (Year)		URY OCCURRED	21F. HOW DID IN.	URY OCCUR?	
1	(APPROX.)		While A Work	Not While			
		hot (f)(this hospital)		eceased fram D	6 23	19 7 to	lec 23 19 7/
		ast saw the deceased		CC 23	197/and th	at in (my) (our) apini	on death occurred an the date
	and haur and	fram the causes state	d abave (1) (W	e) (did) (did not) vi	ew the bady ofter deoth.		
		Llegy	14/1	MID Atten	ding Med.	Shaff Phys	12/22/7/
	23C. PHYSICIAN NAME (Pyp	s el	1/1	QEGREE!	3D. ADDRESS	/ //	10/65/11
	1	-angle S.	laylo	DEGREE	Johns Hosk	ius Hosp	: But timors Oled
	REMOVAL CREM	SiT 12-28-		of CEMETERY of CREA	AATORY ZAD. L		town, or county) (Stote)
			15 7	1 6		V Bailey	

DFC 28 1971 Kelson .H. Paber 8 Calhoun 1348 VS 150-REV. 1/1/68



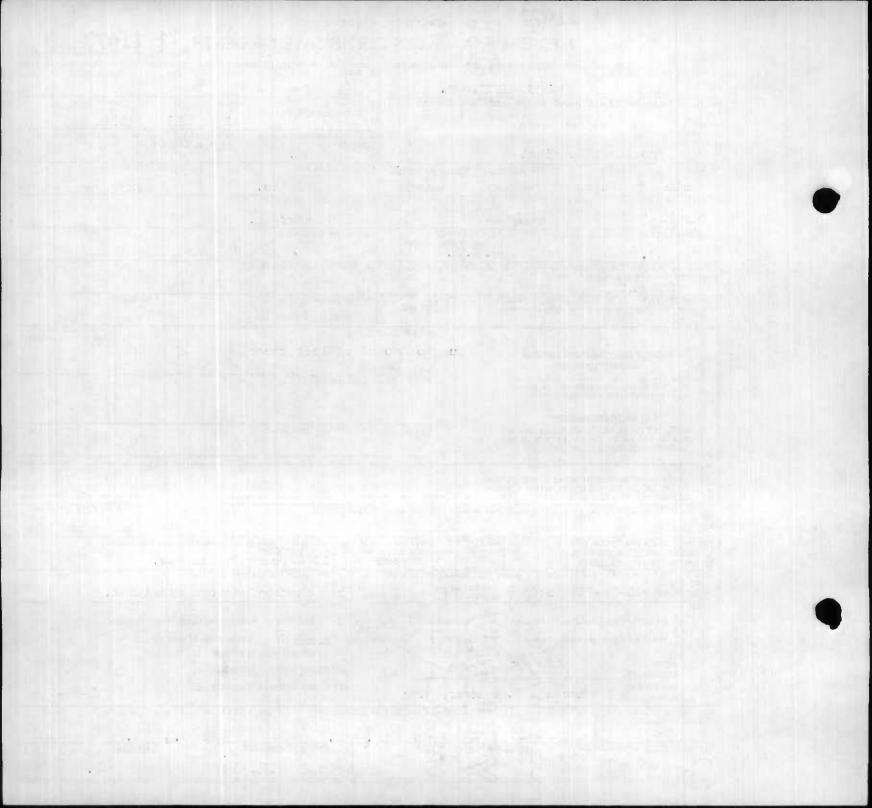
1	1 11000	Y HEALTH DEPARTMENT
sed the the uch	BIRTH NO.	ATE OF DEATH REG. NO. 71 11976
deat deat ease n th	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
pita of Dec ath.	Brooks, Beatricee 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A, STATE B. COUNTY
a hos ause e; (5) ndang to de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION	Maryland C.CITY OR TOWN D. INSIDE CITY LIMITS?
in a l	George Washington Nursing Home 607 Pennsylvania Avenue	Baltimore YES NO
d d d	Baltimore, Maryland 21201 5. SEX 6. RACE 7. MARDIED VI NEVER MARDIED	214 Eutaw Street-Key Circle Nurs. Hm
trib min gol	MAKKED W LAEAEK MAKKED	8. DATE OF BIRTH 9. AGE (In years It Under 1 YI. If Under 24 Hrs. Months Doys Hours Min.
con is	10A. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTR	6/22/10 61 Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Pour Spit	Unknown 13. FATHER'S NAME	Virginia United States
rect (4) U (4) U wa wa ispos	Will Walker	14. MOTHER'S MAIDEN NAME
	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	Annie 17. INFORMANT ADDRESS
f the d f the d by kind; d death ance or r final d	No SECURITY NO. 212-56-419	James Brooks 1134 Carroliton A
if if any ced adams	18. CAUSE OF DEA	APPROXIMATE INTERVAL
Also, e of noun atter med	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CA	bral apoplery 2 WRS,
er o	(This does not mean the mode of dying, e.g., heart faiture, asthenia, etc. It means the disease, injury ar complication which caused death.)	A CONSEQUENCE OF:
frac o p gul	ANTECEDENT CAUSES	
×an ×an ×h ×h	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
ical ens; (3 ician as ira	UNDERLYING CONDITION last. (C)	***************************************
medicelections burns hysic hysic in warreman	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	the beaut Tailure
dy E	I I DISEASE OR CONDITION GIVEN IN PART 1 (A)	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by ch by th hys	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	
by the pital by re; (2) where No ph	OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CAUS	in at about 21C. WHERE DID (If in Boltimore City, give exact location) (If in Boltimore City, give exact location)
	21D.TIME (Manth) (Day) (Year) (Haun) 21E INJURY OCCURRED OF INJURY (APPROX)	21F. HOW DID INJURY OCCUR?
0 0	(APPROX.) White At Wark At Wark 22. I certify that (1) this haspital) attended the deceased from	10 DI DI
approtection appropriate the three t	that (1) (we) lost saw the deceased alive on	19 ond that In(my) (aur) opinion death accurred an the date
sed to sed to sed to sed to spital eath ust b	and hour and from the causes stated above. (1) (We) (did) (did not)	
leased trident of trident of hospital of death		ending Med. Staff Director Phys. 23B. DATE SIGNED
An ac An ac prior t	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS 936 W. North Avenue
	1 (Baltimore Maryland 21217 EMATORY 240. LOCATION (City, town, or county) (Stote)
This certif the body shows: (1) was D.O.A deceased written ap	Burial 12-28-71 Mt. Abburn Ce	l l
the boshows was D	25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOV . Bailey ADDRESS
w 3 0 3	DEC 28 1971 Valley & Jailley, M.D.	Kelson F.H. 1348 Calhoun Street

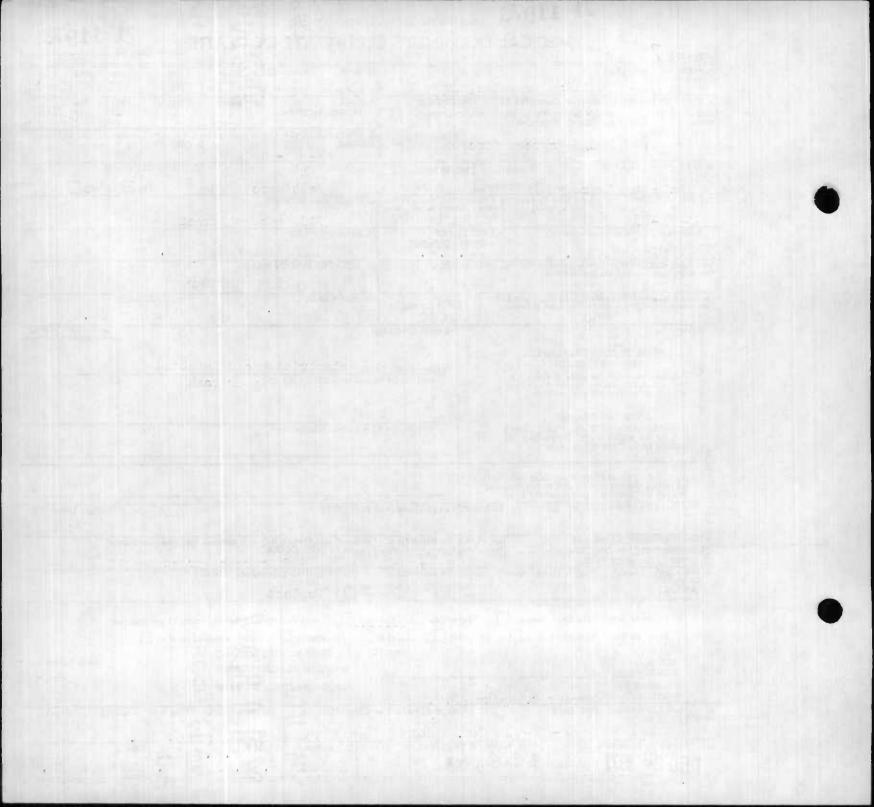
Carrollton Av

10/6/7/ 1134 N. Carrollton AVE. . , 17 Literature Land · - Ten Hants Jan-- 177 . See St. 7 7

> To dear the second of the second of

N' n	74 11977	BALTIMORE CITY HE			Production	. A series	
1) -20 (BIRTH NO.	MEDICAL	EXAMINER'S	CERTIFICATE O	F DEAT	H REG. NO.	11977	
I, NAME OF DECEAS	GEORGE D	rees Jr.	2. DATE Known DEATH Estimoted	Month	Doy	Year Hour	
FULL NAME OF	ORE, MARYLAND, WHERE P	RONOUNCED DEAD	3. DATE PRONOUNCED DEAD	Month 12	Day 26	Year Hour 1971 6	= 0
HOSPITAL OR INSTITUTION	ADDRESS OR LOCATION) dent Hospital		5. USUAL RESIDENCE (WA A. STATE Md.				:50 p
	*	RIED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?	0 -
male		NED DIVORCED DIVORCED III	Balto E. STREET AND NUMBER	•	YE	NO []
9-13-57	losi birthdoy)	Months: Doys Hours Min.	540 Baker S	t.			
II. BIRTHPLACE (Stoke	or foreign country)	U SAA.	Geo. Di	ggs			
	ng life, even if relired)	O OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN N Bernetta	-			
16. WAS DECEASED E	VER IN U.S. ARMED FORCE es, give wor or dates of service	S? 17. SOCIAL SECURITY NO.	Bernetta I	iggs	same	DRESS	
(This does not an heart follure, astitution injury or compile	R CONDITION DIRECTLY DING TO DEATH ean the mode of dying, e.g., lenia, étc. it means the disease, bilon which coused death.)	(A)IMMEDIATE O	and of left che cause as a consequence of:	st		BETWEEN ON	
DISEASES OR C	EDENT CAUSES CONDITIONS, IF ANY, GIVING OVE CAUSE (A) STATING THE CONDITION LAST.	(c)	AS A CONSEQUENCE OF:				
O THE DEATH	ANT CONDITIONS CONTRIBU BUT NOT RELATED TO THE TERA NDITION GIVEN IN PART 1 (A)	MINAL					
	ERATION 20B. CONDITION	FOR WHICH OPERATION WA	AS PERFORMED			21. AUTOPSY? (Yes or No)
UNDERLYING ☐ CAUSE 22D. TIME (Mor	OF DEATH.	WHILEAT NOT	22F. HOW DID	INJURY OCC			01
resulted	that I held an Inquiry from: Natural causes	Inspection Au Accident Suicid	tapsy ond that on Homicide CHIEF MEDICA ASSISTANT MEDICA	this basis, Undetermi L EXAMINER	death in my a	ppinion	SIGNED
SIGNATURE. EXAMINER'S NAME (Type	V11000 S	Fisher, M.D.	ASSOCIATE MEDICA	L EXAMINER		12-2	7-71
24A. BURIAL CREMATI REMOVAL (Specify)	ON, 248. DATE	24C. NAME of CEMETERY		D, LOCATION			(Stote)
Burial 25A. DATE REC'D BY		Arbutus Mei	25C. FUNERAL DIRE	CTOR V. Ba		DRESS	
VS 15 REV. 1/1/68	M. College - 4		Kelson F.1	1. 1348	Calho	un St.	





Auburn Cemetery

25C. FUNERAL DIRECTOR

Baltimore Kelson F. H. 1348 N. Cal (Stote)

N. Calhoun St.

VS 151-REV. 1/1/68

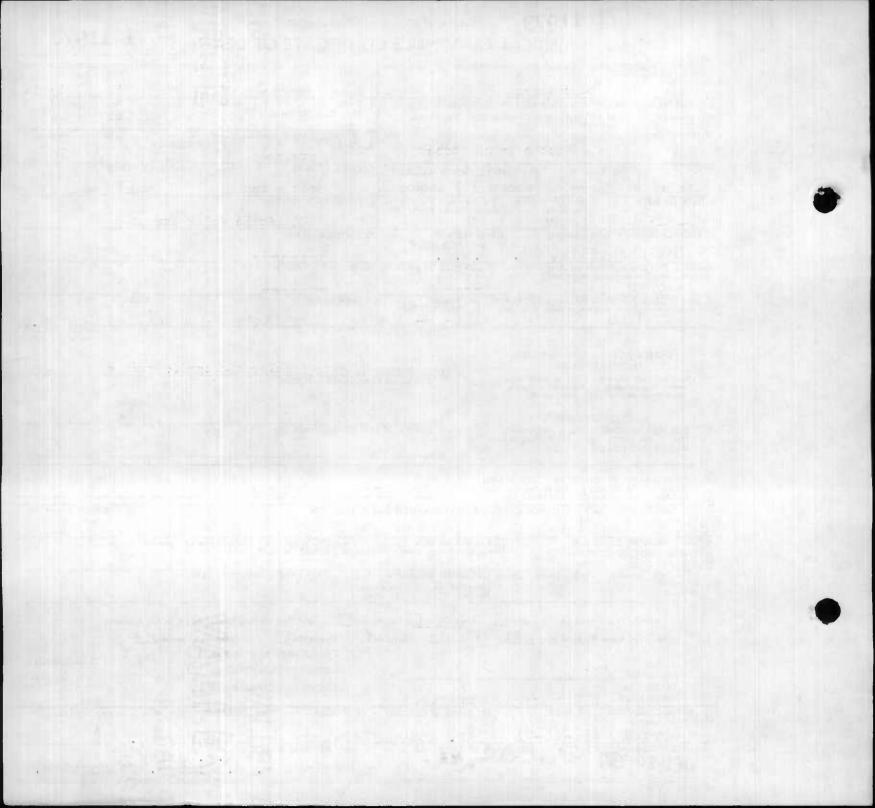
REMOVAL (Specify) Burial

25A. DATE REC'D BY HEALTH DEPT. Q.

12-24-

Mt.

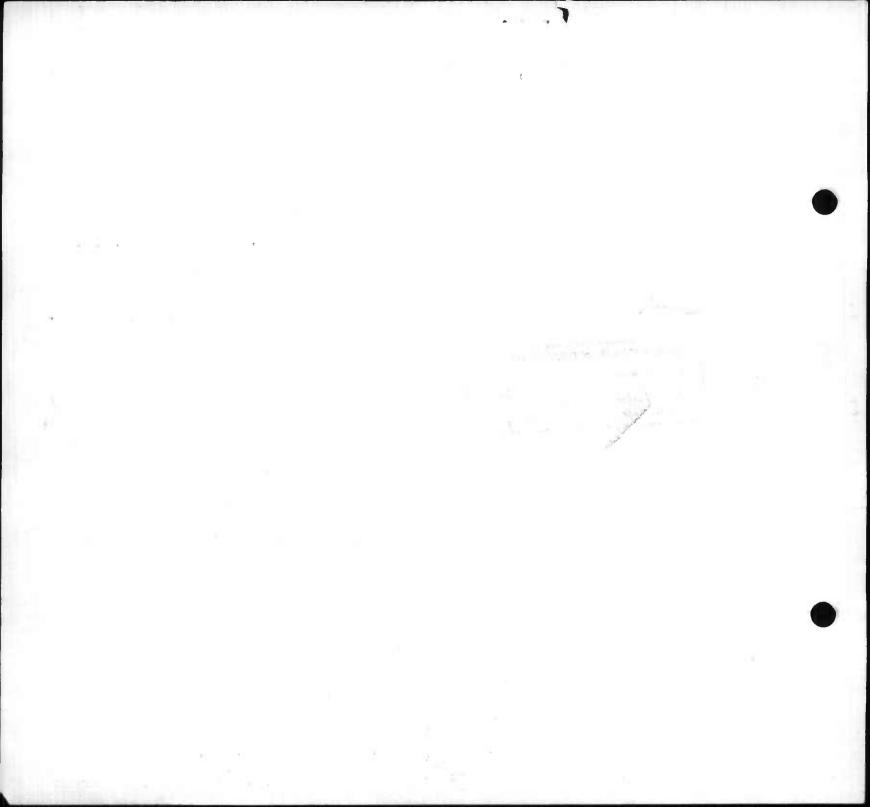
OF REGISTRAR



7

TONERAL DIRECTOR: IMPORTANT	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	1) An accident o	ras D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Written approval must be obtained before the remains are embalmed or final disposition is made.	
×	This certifica	the body wa	shows: (1) Ar	was D.O.A.	deceased pr	written appr	

	7-500 71 11980	BALTIMODE CITY	AFAITH DEDARENCE						
Ш	1)-500 1 11930		HEALTH DEPARTMENT	REG. NO	74 44000				
	BIRTH NO.	CERTIFICA	TE OF DEATH	KEG. 140	14 11800				
	Type or Print DEANE	HENRY		HOUR OF DEATH	2 1: 6				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	4. USUAL RESIDENCE (Where B. COUNT	deceased lived. If inst	1 al 8-50 P.M. itution: residence before odmission)					
I	FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	MARYLAND	*	- 1502					
Ш	INSTITUTION	C. CITY OR TOWN Baltimore, D. INSIDE CITY LIMITS?							
Н	Lutherau Hospita	TE. STREET AND NUMBER							
			1710, Fall	ron Ave	,				
		RIED NEVER MARRIED		AGE (In yours	If Under I Ys. If Under 24 Hrs. Months: Doys Hours Min.				
	MALE N. WIDOW		9-8-1883	86					
	10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?				
			Va.		U.S.A.				
Ш	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM						
	Henry Deane		Lucy	Combs					
	5. Was Deceased Ever in U.S. Armed Forces? Yes, no or unknown! (If yes, give wor or dates of serv	ice) 1 6 SCONTI NO.	17. INFORMANT		ADDRESS				
	1/	182	Archie Deane	2318	Bryant Ave.				
	18. 7 - SOI/IY-ZOO	CAUSE OF DEATH			APPROXIMATE INTERVAL				
	CERTIFICATION OF THE STATE OF T	10	CEREBRO V	1 ASCULAR					
	CERTIFICATION Armode of dvine		SE	à					
	pis CAId No Appendiction dying seed failure, ashenio, etc. It means the distingury or complication which coused dooth.	ise,	CONSEQUENCE OF:	+ CCIDENT	Γ.				
		7							
	CHIEF OF ASS I. MEDICAL EXAMINER DISEASES OF CONDUCIONS If only, ging DUE TO, OR AS A CONSEQUENCE OF:								
\parallel	nse lo lhe above cause (A) stoling	the DUE TO, OR AS	A CONSEQUENCE OF:						
	UNDERLYING CONDITION last. (C)								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL FRACTURE of Thoracic 12 Ventebra								
FI	IDISEASE OR CONDITION GIVEN IN PART 1 (A)								
	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	NDINGS CONSIDERED				
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)				
	DEATH (notify medical examiner) etc.)								
	O 21D-TIME (Month) (Doy) (Year) (Hourt	21 E INJURY OCCURRED	21E HOW DID INJU	N OCCUP					
	(APPROX.) 12-23-718P While At Not While Feel Lown Then Work								
	22. I certify that (I) (this hospital) attended the deceased from 12-24- 1971 to 12-25-1971								
II	that (1) (we) lost sow the deceased alive on 12 -25 - 1921 and that In(my) (our) opinion death occurred on the date								
	and hour and from the couses stated above. (i) (We) (did) (did not) view the body ofter death.								
	23A. SIGNATURE	1.]2	3B. DATE SIGNED				
I	1 ASaw	pal w.D. Atten	ding Med. Sh	off ys.	12 - 25-1971.				
	23C. PHYNCIANS MAMAS (Type)		3D. ADDRESS		+ Md ··				
	14A. BUNAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	DEGREE C. NAME of CEMETERY OF CREA		Mespiral	town, or county) (Stote)				
		Mt. Auburn Cem			and or consult. (Stole)				
2		ALOF REGISTRAR	25C. FUNERAL DIRECTOR	o.,Md.	A DDRESS				
	DEC 28 1971 Paleul E. Ja	Ben M. D	Kelson F.H	· 13/8 Col	houn Street				
IF	'S 150-REV. 1/1/68		1	- 1740 Odi					



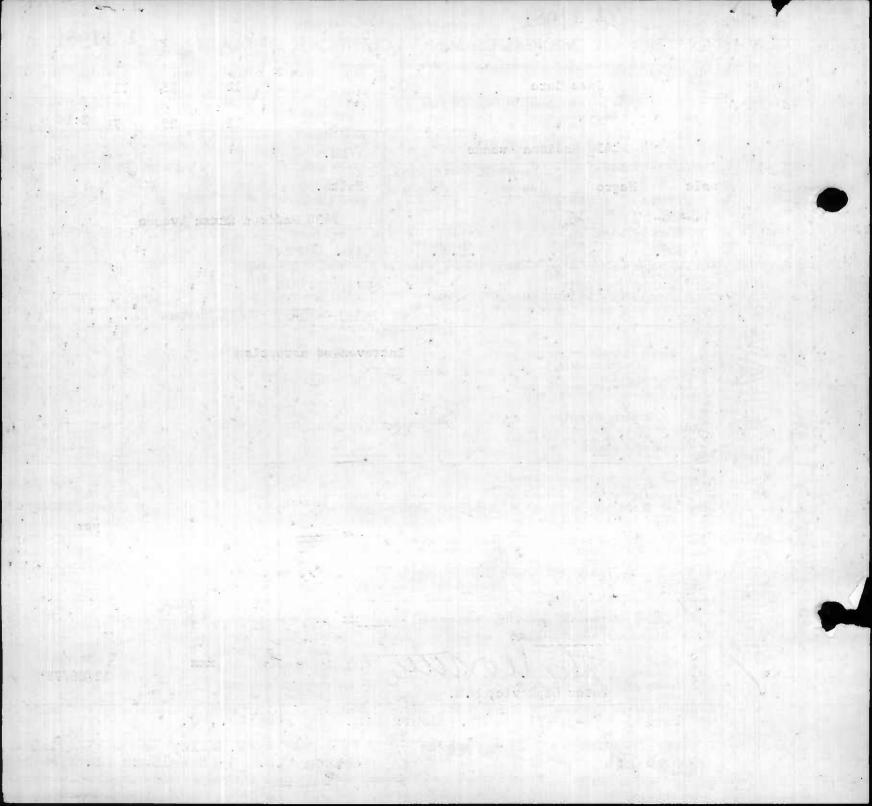
71 11981

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEG NO

71 11981

DIDTU NO	MIL	DICAL	EVAMILLE	(3)	SEKIIII	CAILO	DLA	REG. NO		
I. NAME OF DEC	CEASED				I2. DATE	Known 🔼	Month	Day	Year	Hour
(Type or Print)	Jose Cu	ire			OF DEATH	Estimoted	. 10	25	71	
4. PLACE IN BAI	LTIMORE, MARYLAND,	WHERE P	RONOUNCED DEAD		3. DATE		Month	Doy	Yeor	Hour ·
FULL NAME OF HOSPITAL	(IF NOT IN HOSPI	TAL OR INS	TITUTION, GIVE STREET		PRONO	UNCED DEAD	12	25	71	2:10 p N
OR INSTITUTION	2430 Madi	ison A	venue		5. USUAL R A. STATE Md	ESIDENCE (Whe	re deceosed l	B. COUNTY	n; residence	1303
6. SEX	7. RACE	8. MARI	RIED NEVER MARRI	IED 🗌	C. CITY OR			D. INSIDE C	ITY LIMITS?	
male	Negro	WIDOV	WED DIVORC	ED 🗆	Balt	.0.		1	res 🛅	NO 🗆
9. DATE OF BIRT	h itid	(In years, loy) 2 4	Months Doys Hours			AND NUMBER	- 0.			
			LO CITATEN OF	<u> </u>		430 Madi	son xxx	ore Aven	ue	
Md.	State or foreign country)		WHATCOUNTRY	?	13. FATHER					
		111 40 4410 11				Cure	. 145			
done during most of v	JPATION (Give kind of wor working life, even if retired) AB. KIN	OF BUSINESS OR IN	IDUSTR			AME			
	se helper					Harcum				
	SED EVER IN U.S. ARMI			10.	IB. INFOR		4 44 0		ADDRESS	
no					Isiah	Cure	1810	Eutaw	PI.	
19. 2 0	411		CAUSE	OF DEA	TH					PPROXIMATE INTERVAL VEEN ONSET AND DEA
AI DISEASES (RISE TO THE UNDERLYIN) OTHER SIGN TO THE DE.	not meon the mode of a constitution which coused described by the mode of the	NY, GIVING ATING THE	(B) DUE : (C)		AS A CONSE					
20A. DATE OF	F OPERATION 20B. CO	NOITION	FOR WHICH OPERATI	ION W	AS PERFORM	MED			21. AUTO	OPSY? (Yes or No)
300										yes
UNDERLYING CA 22D. TIME OF INJURY (APPROX.)	RNAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Ye	ar) (Hou	home, form, foctory, street, cr.) 22E. INJURY OCC	URRED	e bldg., etc.) II	22C. WHERE DIE NJURY OCCUR?			coct location)	
	URE Deter	ell		Suicio	ASSI	ond that on omicide CHIEF MEDICAL STANT MEDICAL	Undeterm EXAMINER LEXAMINER			date signed 12/26/71
24A. BURIAL CRE	MATION, 24B. DATE	-71	Mt. Aubi	AETERY	Cem .	DRY 241	alto.	, Md e (City, tow	vn, or county	(State)
DEC 20	BY HEALTH DEPTO	2557	NAME OF STRAR	0	Zsc. Kel	son F. H	13	ailey 48 Call		St.



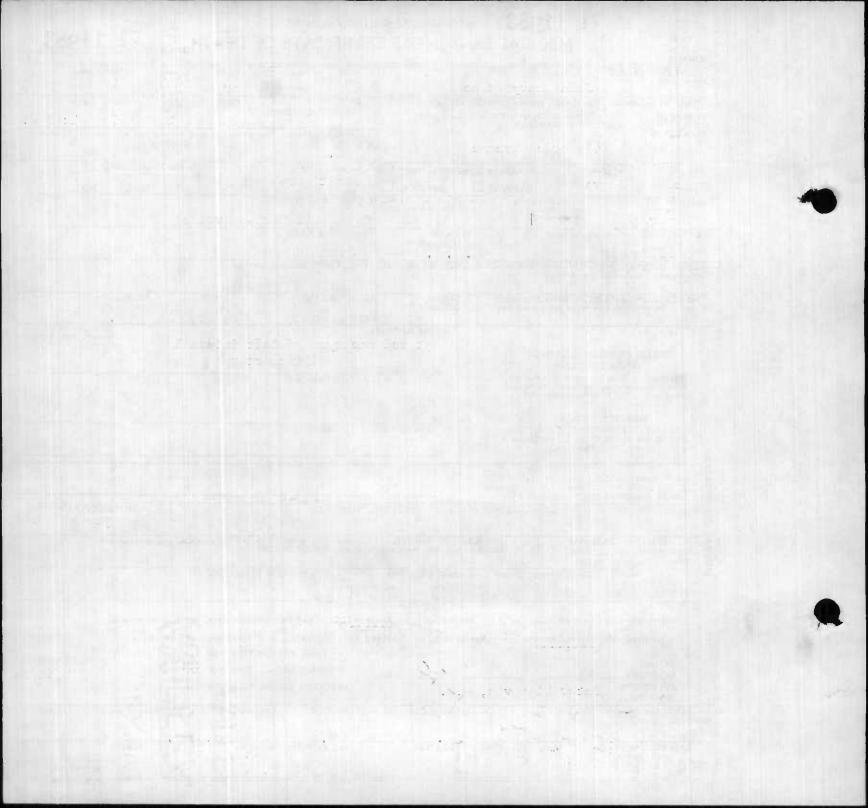
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0 11 11982 BALTIMORE CITY HE	ALTH DEPARTMENT	74 44000					
BIRTH NO. 70 -06278 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATI	T _{REG. NO.} 71 11982					
I. NAME OF DECEASED (Type or Print) Shirley Palmer	2. DATE Known Month OF DEATH Estimoted 12	24 71 3:00 p _M .					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month PRONOUNCED DEAD 12	24 71 3:00p M.					
University Hospital	5. USUAL RESIDENCE (Where deceased liv A. STATE Md						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED		D. INSIDE CITY LIMITS?					
female Negro WIDOWED DIVORCED	Balto.	YES NO					
9. DATE OF BIRTH 4-6-71 10. AGE (In years last birthday) 20 mo	E. STREET AND NUMBER 1124 N. Calhoun						
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Joseph Palm	er					
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if relired)	15. MOTHER'S MAIDEN NAME Mary Farmer						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give wor or dates of service) TO 17. SOCIAL SECURITY NO.	18. INFORMANT Pary Palmer	ADDRESS Same					
19. 4 CAUSE OF DEA		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH					
(This does not mean the mode of dying, e.g., heart latiture, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LATE.	AS A CONSEQUENCE OF:						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes or No) yes					
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, farm, lactory, street, office UTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (II in Baltimore bldg., etc.) INJURY OCCUR?	e City, give exact location)					
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX)	22F. HOW DID INJURY OCCU	PR?					
Certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my apinion resulted from: Notural causes Accident Suicide Homicide Undetermined manner							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)		(City, town, or county) (State)					
Burial 12-28-71 Mt. Auburi 25A. DATE REC'D SY HEALTH DEPT. 25B. MAN OF REGUTAR DEC 20 BH DEPT. 25B. MAN OF REGUTAR	25C. FUNERAL DIRECTOR V . Ba	iley ADDRESS 48 N. Calhoun St.					

1-24-1972 - Completion of cause of death on a Pending Medical Examiner Death Certificate Peter Lipkovic, M.D.

HRS

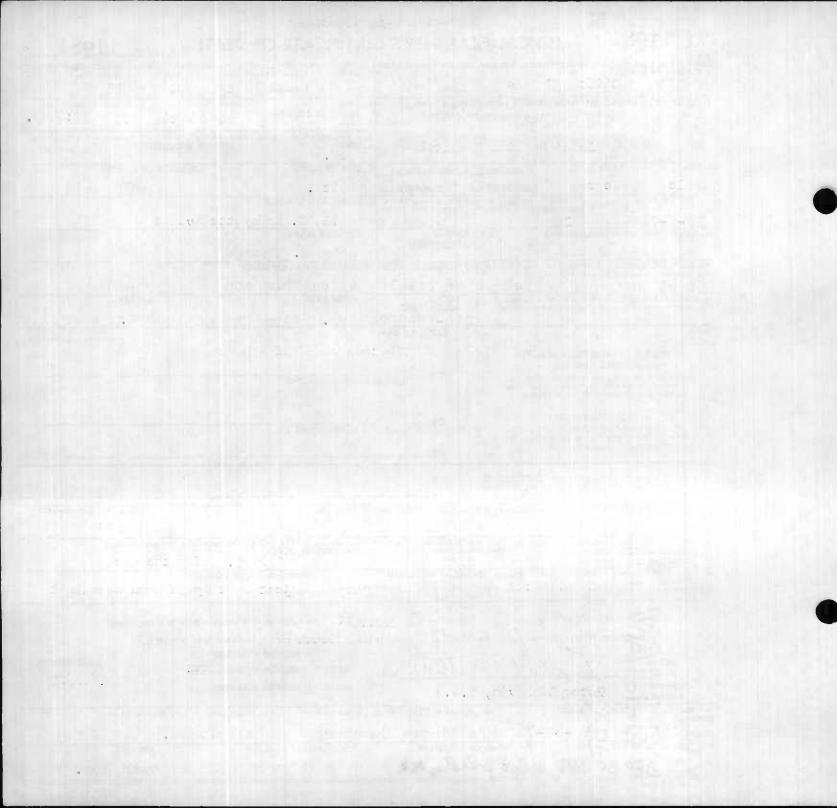
S-350 71 11983 BALTIMORE CITY HE		,
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 11983	-
T. NAME OF DECEASED ((Type or Print) John Henry Stone	2. DATE Known Month Doy Yeor Hnur OF Estimoted 12 22 71	М
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Day Yeor Hour PRONOUNCED DEAD 12 22 71 2:45	-
841 Harlem Avenue	S. USUAL RESIDENCE (Where deceased lived, if Institution; residence before admiss B. COUNTY B. C	ion)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore D. INSIDE CITY LIMITS? YES NO	
9. DATE OF BIRTH 7-4-20 10. AGE (In years lost birthday) 10. AGE (In years Months Days & Hours Min.	841 Harlem Avenue	
11. BIRTHPLACE (State or foreign country) Illinois 12. CITIZEN OF WHAI COUNTRY? U-S-A-	John Stone	
14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	Elsie Freeman	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	Dora Young 1146 Argyle Ave.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	aneurysm of left internal CAUSE iliac artery AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	D DEAT
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/		
	yes	r No)
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g., home, form, foctory, street, office uting Cause of Death.	tn or obout 22C. WHERE DID (If in Baltimore City, give exact location) to bidg., etc.) INJURY OCCUR?	
	22F. HOW DID INJURY OCCUR?	
i certify that I held on Inquiry Inspection Au resulted from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) SIGNATURE EXAMINER'S NAME (Type)	CHIEF MEDICAL EXAMINER DATE SIGN ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER DATE SIGN 12/2	2/7
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) Burial 12-28-71 Mt. Aubur		e)
DEC 28 1971 255. MAME OF REGISTRAR	ZSC. FUNERAL DIRECTOR Bailey Kelson F.H. 1348 Calhoun Street	
VS 151-REV, 1/1/68		



	71	11984	
- 1	DIPTH N	10	

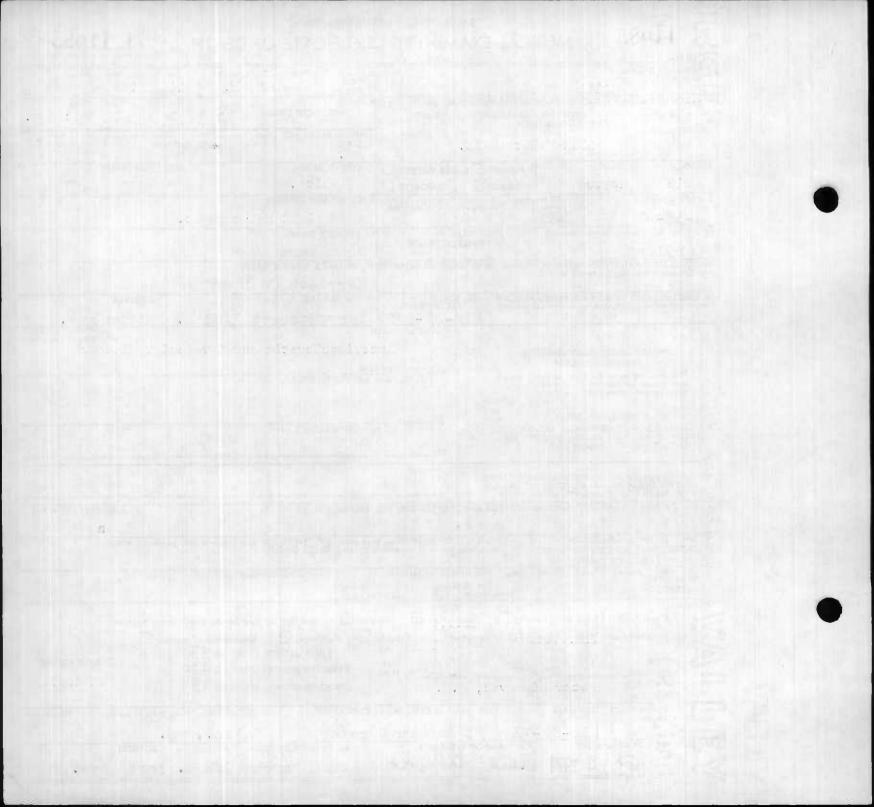
MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH REG NO 1 11984
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BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) Clifton Thomas	2. DATE Known Month Doy Year Hour OF DEATH Estimated 12 24 71
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 12 24 71 10:40 P.
Johns Hopkins Hospital	A. STATE Md. B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male Negro WIDOWED DIVORCED	Balto. YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
12-6-32 39	1734 E. Lafayette Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAT COUNTRY?	John W. Thomas
14A, USUAL OCCUPATION (Give kind of work) 14B, KIND OF BUSINESS OF INDUSTRY	
done during most of working life, even if retired) Steel Worker Bethlehem Steel	Alice Thompson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS
1213-28-999 (19. CAUSE OF DEA	
and a second of the	BETWEEN ONSET AND DEAT
	otgun wound of abdomen
LEADING TO DEATH (This does not meen the mode of dying, e.g., (A)IMMEDIATE (DUE TO, OR,	
heart foilure, astheria, etc. it means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
LINDERLYING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office the control of the con	in or obout 22C. WHERE DID (If in Baltimore City, give exact location) to bidg, etc.) INJURY OCCUR?
UNDERLYING GOR CONTRIB- home, form, foctory, street, office UTING CAUSE OF DEATH.	1734 E. Lafayette Avenue
- 1 INTO (MONIN) (DOI) (TOOI) ILLE-INDUK OCCORRED	
(APPROX) 12 24 71 8:27 p WHILE AT NOT	WHILE Subject shot by unknown assailant
23.	VORK
I certify that I held an Inquiry Inspection Au	and that on this basis, death in my opinion
resulted from: Natural causes 🖾 Accident 🔲 Suicid	
21 1	CHIEF MEDICAL EXAMINER
ACTUAL X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ASSISTANT MEDICAL EXAMINER XXX
SIGNATURE M.D	12 /25 /71
NAME (Type) Reter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER 12/23//1
24A, BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Burial 12-30-71 Baltimore C	
	25C. FUNERAL DIRECTOR ADDRESS
DEC 28 1971 Paber E. Jarber K	Wm C March 928 E North Ave.
) 101-11-11 M	



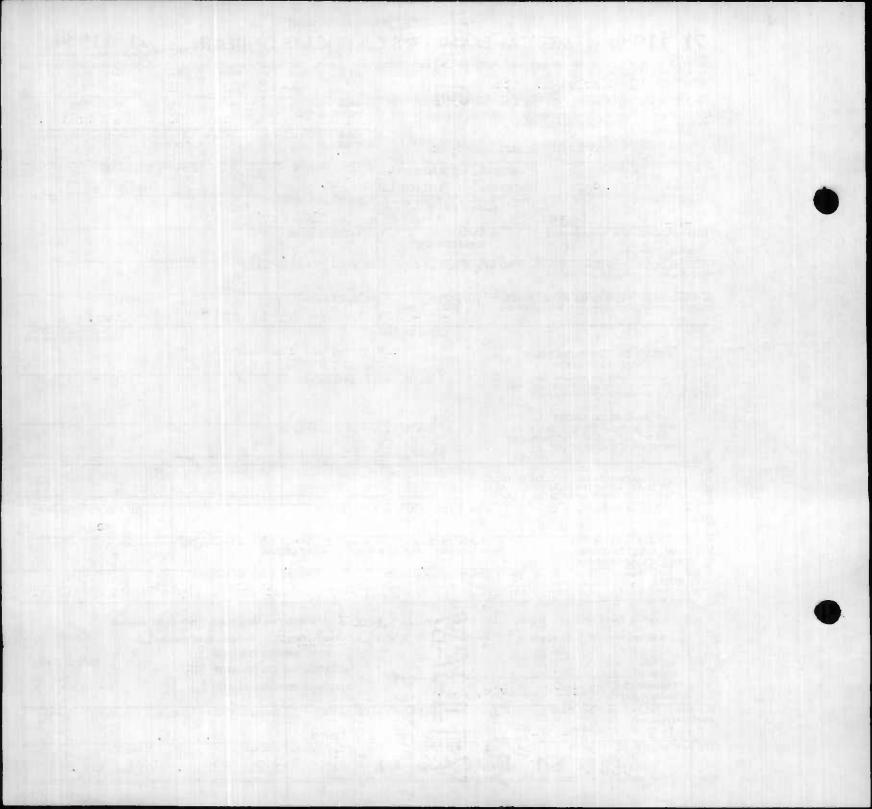
71 11985 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 71 11985

B.1111110.												
1. NAME OF DEC		ion U	and			2. DATE OF	Known 🗗 🗅 🗅 Estimoted 🔲	Month 12	Doy 24	Yeor 71	Hour	
4. PLACE IN BAL		iam Wa		ONIONIN	CED DEAD	DEATH 3. DATE	Estimoted L.				711	М.
FULL NAME OF HOSPITAL	(IF NO		AL OR INS		GIVE STREET	11	UNCED DEAD	Month 12	24	71	1:5	5 p. M.
OR INSTITUTION				5. USUAL I A. STATE Md.	15. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)							
6. SEX	7. RACE		8. MARE	NED N	EVER MARRIED	C. CITY O	RIOWN		D. INSIDE	CITY LIMITS?		-
male	Negro		WIDOV		DIVORCED [В	alto.			YES 🔲	NO 🗆	
9. DATE OF BIRTI		10. AGE (oy)	If Under I Months : D	Yr. if Under 24 Hrs Days Hours Min.	E. STREET	AND NUMBER 1322 Ho	1 brook	C+			
II. BIRTHPLACE (S		80	,	12. CITIZ	FN OF	13. FATHER		IDLOOK	DL.			
		,,,,,			COUNTRY?		The state of the s					
Marylan		-11-1-61	II 4D Minus	OF BUCK	UPSC OR INTERIOR		Ward	000				
done during most of w	vorking lile, ev	en il retired)	140. KINL	OF BOSI	NESS OR INDUSTR							
						Harr	iett Co	ttman				
16. WAS DECEAS	ED EVER IN	U.S. ARME	D FORCES	5? 17.	SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRESS		
(,			01 001110		3-09-875	Marv	Stewart	1431	N. L	uzern	Ave.	
19.	204				CAUSE OF DEA					A	PPROXIMATE II	
DICE AC		TO A L DIO			Α	rterios	clerotic	cardio	rascula:		WEEN ONSET A	NO DEATH
	E OR COND		CILY				01010010	002 - 20 (
(This does n	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:											
heart iollure	, osthenia, etc nplication which	. It meons th	e disease,		DOL 10, 0K	M M CONTIL	torner or .					
,,												
	ANTECEDENT CAUSES (B)											
DISEASES O	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE 10 THE ABOVE CAUSE (A) STATING THE											
UNDERLYIN	G CONDITI	ON LAST.	illio me		(c)							
<u>Ö</u>		**			(0)							
□ TO THE DEA	IFICANT CON	RELATED TO	THE TERM	INAL								
DISEASE OR	CONDITION											
SI ZUA. DATE OF	OPERATION	4 20B. CO	NDITION	FOR WHIC	CH OPERATION W	AS PERFORM	AED			21. AUTO	OPSY? (Yes	or No)
The state of the s											no	
UNDERLYING		TRIB-		22B. PLAC home, form	E OF INJURY (e.g., factory, street, offi	in or obout : bidg., etc.) i	NJURY OCCUR?	(if in Baltimor	e City, give ex	coct location)		
UTING CA				1 1000 0								
≥ 22D. TIME ((Month) (D	oy) (Yea	r) (Hou	. 1	JURY OCCURRED		22F. HOWDID IN	IJURY OCCL	JR?			
(APPROX.)				m. WHILE	AT \	WHILE VORK						
23.	Ify that I h	eld on	Inquiry [Ins	pection 🔯 🙏	topsy 🗌	and that on t	hie baete	docth to my	. onlaten		
							-					
result	red from: N	atural cat	1505 101	Accide	ent L Suici		omicide 🔲		ned manner			
ACTUAL		77	/ .	n 1	110		CHIEF MEDICAL				DATE SIGI	NED
SIGNATI		Lus	16	1171	Weyn.	ASS	STANT MEDICAL	EXAMINER 2	XX			
EXAMINI NAME (T	ER'S F	eter	Lipko	vic, 1	M.D.		CIATE MEDICAL	EXAMINER			12/25/	/1
24A. BURIAL CREA REMOVAL (Specif	MATION, 2	48. DATE		24C. NA	ME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tow	n, or county) (Sto	te)
Burial		12-29	-71	Mt	Auburn	Cemete	ry	Balto.	, Md.			
25A. DATE REC'D					REGISTRAR		FUNERAL DIRECT			ADDRESS		
	DEC 28	1971	Ra	38	Jaber KD.	1/1/22	C Marich	h 929	E. No		ATTO	
		10F)	10000			C 1970	o mar ci	1 320	, 110 110	OT OIL '		
VS 151-REV. 1/1/68	,	- 1										



BALTIMORE	CITY	HEALTH	DEPAR	TMEN

	BALTIMORE CITY HEALTH DEPARTMENT							
W 320	71 11986 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 71 11986							
	1. NAME OF DECEASED (Type MICHAEL Charles . Watts 2. DATE Known Charles Month Day Yes							
	DEAIR	M.						
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 13. DATE PRONOUNCED DEAD 12 23 7	71 7:45 p						
	OR INSTITUTION S. USUAL RESIDENCE (Where deceased lived. If Institution: resident A. STATE Maryland General Hospital S. USUAL RESIDENCE (Where deceased lived. If Institution: resident A. STATE B. COUNTY	nce belore admission)						
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMIT	Si						
	male Negro WIDOWED DIVORCED Balto.	NO 🗆						
	9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 6-6-52 10. AGE (In years Months, Days, Hours, Min. 2104 Barley Street							
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME							
	Maryland Edward C. Watts							
	14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)							
	Mary							
	(Nex, no or unknown) (II yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 212-58-4322 Edward Watts 2218 Linden A							
	DISEASE OR CONDITION DIRECTLY Stab wound of the abdomen	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH						
	(Inlis does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which coused death.)							
	Injury or complication which coused death.)							
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE							
	UNDERLYING CONDITION LAST							
	(d)							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL BUT SIGNIFICANT CONDITION GIVEN IN PART 1 (A)							
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AL	TOPSY? (Yes or No)						
		yes						
La Company	UNDERLYING TO CONTRIB- home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. UNK. UNK.	0-00						
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY 12 23 71 unk while AT WORK Subject stabbed by unknown	assailant						
	23.							
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion							
	resulted from: Natural causes Accident Suicide Homicide Undetermined manner							
	ACTUAL ACCIETANT MEDICAL EVANIAGED TOR	DATE SIGNED						
	Sich Article Control of the Control	12/24/71						
	NAME (Type) PETER PIPKOVIC, M.D.							
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or countermediate)	nty) (State)						
	Burial 12-29-71 Mt Auburn Cemetery Balto., Md.	King malini						
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS							
	DEC 28 1971 Vaber E. Jarbey 22 Wm C March 928 E. North	Ave.						
	VS 151-REV. 1/1/68	V						



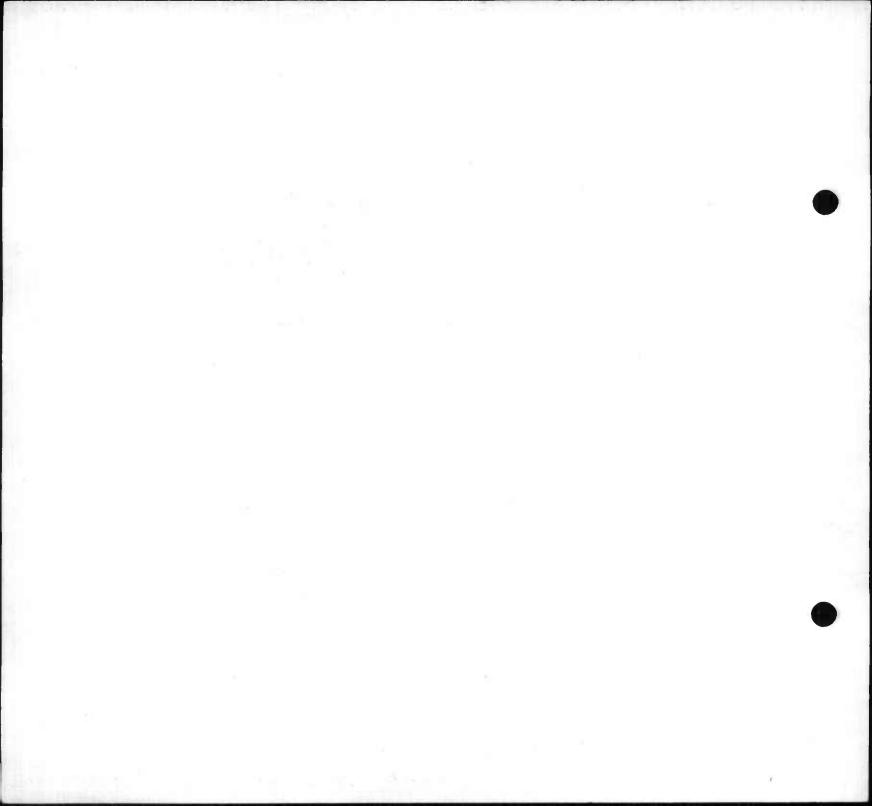
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BALTIMORE CITY HEALTH DEPARTMENT

T	1.1		

71 11987

BIRTH NO.	- A	CERTIFICA	TE OF DEAT	TH KEG.	NO.	
I.NAME OF DE	CEASED		2. DA	ATE AND HOUR OF	DEATH	
(Type or Print)	tosty Hannah		7	2/2/1/2		1 /2 30 n
3. PLACE IN B	LTIMORE MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE	F (Where deceased to	and If in stitutions	residence belore odmission)
			A. STATE B.	COUNTY :	0 4	residence belole odmission)
FULL NAME O	F (IF NOT IN HOSPITAL OR INST ADDRESS OR LOCATION)	TUTION, GIVE STREET	162911	incent	Court	150
INSTITUTION	ADDRESS OR LOCATION)		C. CITY OR TOWN -		D. INSIDE CITY I	LIMITS?
Pin.	dent Hospital	ina	Bultemer	2	YES T	ПОИ
100	den 190giron	inc	E. STREET AND NUM			
37	V	1				
5. SEX	6. RACE 7. BLADDICE	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	1 11 11-1	
To a	NOV 12 1 M		alnolas	lost birthdoyl	Months	ei 1 Yr. If Under 24 Hrs. Doys Hours Min.
runa	WIDOWEI WIDOWEI		7/22/05	60	0	
done during most of	CUPATION (Give kind of work 108, KIND (f working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country!	12. CIT	ZEN OF WHAT COUNTRY?
			Cinith Ca	and and		
3. FATHER'S NA	AME .		14. MOTHER'S MAIDE	y un		
			A 4			
			Mary C	crler		
5. Was Decease	d Ever in U. S. Armed Forces? n) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	yes, give wor or doles or service,	SECURITY NO.	Sand T.	1	79010	littonAre
1B.		17.	OL Maio	nnson C	2021 61	MONTHE
1 / /	<i>-</i>	CAUSE OF DEATH	1			APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DIRECTLY		0	4.	-4-4-	THE THE PERSON OF THE PERSON O
(71)	LEADING TO DEATH	(A) IMMEDIATE CAU	SE (A Breas	t - neter	states	
heart failure	not mean the mode of dying, e.g., asthenia, etc. It means the disease	D115 70 00 100	CONSEQUENCE OF:	***************************************		**********************
injury or co	mplication which caused deoth.)	'9				
	ANTECEDENT CAUSES					
DISEASES	OR CONDITIONS, il any, giving	(8)	A CONSEQUENCE OF:	*********		
rise la li	ne obove cause (A) slaling the	DOE 10, OK AS	A CONSEQUENCE OF:			
	G CONDITION last.					
	11					
OTHER SIGN	FICANT CONDITIONS CONTRIBUTING					
TO THE DEA	TH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART 1 (A).	*****************				
19A. DATE O	F OPERATION 198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208 IE VEC	WERE FINDINGS	CONCIDERED
19A. DATE O	WAS PERFORMED		20101311111	IN CERTIFY	NG CAUSES OF	DEATH?
21A ACCIDI	NT WAS IINDERLYING 7	P. P. A.C.S. O.S. IN LUIDA / 1-				
OR CONTRIB	OTING CAUSE OF THE	B. PLACE OF INJURY (e.g., in me, lorm, foctory, street, alf	ce bidg, INJURY OCC	UR? (It in	Boltimare City, glv	e exact location)
)	y medical examined ela	.)				
21 D. TIME	(Month) (Doy) (Year) (Hour) 21	E INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
(APPROX.)	w	hile At Not While	1			
	W	ark				
22. I certify	that (1) (this hospital) attended	the deceased from	***************************************	19to		19
that (1) (we	lost sow the deceased alive on.	**************	19	and that In (mv) (a	ur) opinion des	th accurred on the date
	d from the causes stated above.					occorred on the gold
23A. SIGNAT	USE	i) (iie) (ala) (ala not) vl	ew the body after de	eath.		
13374	C.	1 - (20 14.11			23 B. DAT	E SIGNED
	5 din (9. 1	COJ M J) Atten	ding Med. Director	Stoff Phys.	Ì	
23 C. PHYSICI		DEGREE	D. ADDRESS			
- TAINE	050111	2				
4A. BURIAL CR	MATION 1248 DAY	DEGREE				
REMOVAL		AME of CEMETERY OF CREA	MATORY 2	4D. LOCATION	(City, tawn, o	or county) (State)
BULLE	12/31/71 N	ew. Cathedra	1 Cem	Batto K	nd.	
SA. DATE REC'I		OF REGISTRAR	25C. FUNERAL DIRE		,	ADDRESS 149
	250 08 1071 22	8 E. Faber M.D.	M/cac I	MARCH O	Y20 E	NORTH AYE
£ 160 0514 141	TEL SO DI JOSEP	, c., vineses, risk	1 1441 - 1	MACH	INO F.	110KIA HYE
3 13U-KEV. 1/1/	00m -4 4					



44000	BALTIMORE CITY HEALTH DEPARTMENT
11088	CENTIFICATE OF DEALER

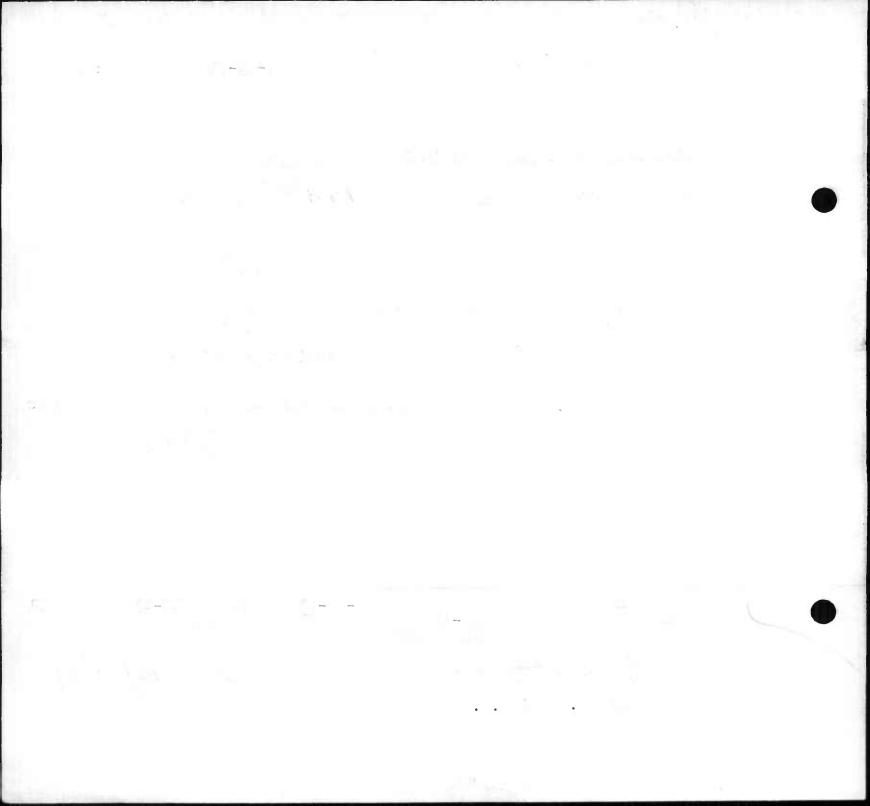
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CEK		ILA	I E	Or	DEA	HI

		74	44	000
REG.	NO.	1	1.1	400

	71 11988	CED TIEL CA	TE OF DELATIMENT	REG. NO. 71 1	1088
	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	1,700
	NAME OF DECEASED (pe or Print) AMES The	10NROE	2. OATE AND 2 4 /	HOUR OF DEATH	12:45P.
3.	PLACE IN SALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE Where A. STAJE B. COUNTY	deceased lived. If institutions	residence before admission)
-{ н	JLL NAME OF (IF NOT IN HOSPITAL OR IN OSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	M		1403
11"	ISTITUTION		C. CLTY OR TOWN	D. INSIDE CITY YES F	
1	University Hos,	pilal	E. STREET AND NUMBER		
5.			B. DATE OF BIRTH 194	ng STREE	0/0//
	M B WIDON		2/16/011	107	der 1 Yr. If Under 24 His.
do	A. USUAL OCCUPATION (Give kind of work 108, KIN) ne during most of working life, even if retired)	O OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (State of foreign	1 cauntry) 12. Ci	TIZEN OF WHAT COUNTRY?
12	FATHER'S NAME		VIRGINI	,	USIT
'3		0	14. MOTHER'S MAIDEN NAME		
15.	Was Deceased Ever in U. S. Armed Forces?		17. INFORMANT	15 Reo KS	
	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of sorvi	SECURITY NO.	- / 10	10011	AODRESS
-	18.	CAUSE OF DEATH		nroc 1804,	Elling Ol
	DISEASE OR CONDITION DIRECTLY	(A) LO	mand of T	- / / .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	AROIAL IN	If AKETION	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury ar complication which caused death.)		CONSEQUENCE OF:	****************************	
	ANTECEDENT CAUSES	Mula	11x4/1000-1	- 1.	1
	DISEASES OR CONDITIONS, if any, gi	ving (B) DUE TO, OR AS	A CONSEQUENCE OF	-H 60 C1	***************************************
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (c) ASC	11) + C	OPD	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL Dergwer	al Vagcelar	Discase'	
CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? IYes or No.	208, IF YES, WERE FINOING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C WHERE DID ice bidg., INJURY OCCUR?	(If in Boltimore City, gl	ve exact location)
MEDI	21 D. T(ME Month) (Day) Year) (Hous) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
>	(APPROX.)	While At Not While Work At Work			
1	22. I certify that (I) (this hospital) attende		19	7/ to 12/24	192/
	that (1) (ve) last saw the deceased alive	/	19and that		
	and hauf and from the causes stated above	o. (1) (We) (d id) (did nat) yl	ew the bady after death.		
	23A-SIGNATURE COME Compel	Atten DEGREE	ding Med. SN	off 238, DA	TE SIGNEO
	230. PHYSICIAN'S NAME (Type)		3D. ADDRESS	1/10/1/20	in Hosp
24/	BURIAL CREMATION, 24B, DATE 240 REMOVAL (Specify)	NAME of CEMETERY OF CREAT	MATORY 240 LOC	ATION (City, town,	or county) (Stote)
17	3urial 12-28-71 1	H. Auburn dem		& Md.	
25	A. DATE REC'D BY HEALTH DEPT. 258. NAA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		E. Faiber, M.D.	WHCMARCH	1928 E. 140	with Are
VS	150-REV. 1/1/68	-			

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undefermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1117600 24 44000	ATE OF DEATH REG. NO. 71 11989
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. 11 11933
1. NAME OF DECEASED (Type or Print) CHARLES MOORE	2 DATE AND HOUR OF DEATH 12-23-71 11:45PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md 1902
IN SHID NON	C. CITY OR TOWN Balto D. INSIDE CITY LIMITS? YES NO
University of Maryland Hospital	E. STREET AND NUMBER 1317 Hollins St
5. SEX Male White Widowed X DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF SUSINESS OR INDUSTRI	Y 11. SIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
Elevator Man Retired	Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles G Moore	Resa May Winderner
15. Was Deceased Ever In U. S. Armed Forces? 16. SOCIAL	17. INFORMANT
no no 2/5-/0-/29	Ralph Moore 1318 Hollins St
18. 2 7 Q XI CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
(A) MMEDIATE CA (This does not meen the mode of dying, e.g., (A) DIF TO OR AS	USE Respiratory Failure
heart failure, asthenia, etc. Il means the disease, injury or complication which coused death.]	A CONSEQUENCE OF:
	abolic Encephalonathy L weeks
(8)	abolic Encephalopathy 4 weeks
rise to the obove couse (A) stoting the	Kunkneun etakoa
(C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- /
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 216. PLACE OF INJURY (e.g.,	
OR CONTRIBUTING CAUSE OF home, farm, foctory, street, of DEAT H (notify medical examine)	in or about 21C, WHERE DID ffice bldg, NJURY OCCUR? [If in Boltimore City, give exact location]
21 D. TIME (Month) (Day) (Yea) (Houd) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (A) (this hospital) attended the deceased from	11=20=71 12=22 71
that (i) (iii) lost sow the deceased alive on 12-23	19 71 and that in (my) (our) opinion death occurred on the date
ond hour and from the couses stated above. (i) (We) (did) (did not)	view the body ofter death.
23A- SIGNATURE	23B. DATE/SIGNED/
Meller Plant, M. D. Speggee Phy	ending Med. Staff Phys. 12/24/7
NAME (Type)	23D. ADDRESS
Alan G.Stahl M.D.	,
24A. BURIAL CREMATION, REMOVAL (Specify) Dec 27 1971 Loudon Park Cem	EMATORY 24D. LOCATION (City, town, or county) (State) Balto Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 28 1971 Valley & Jackey At 2	Thomas J Kerby Inc 1600 Hollins St



IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in

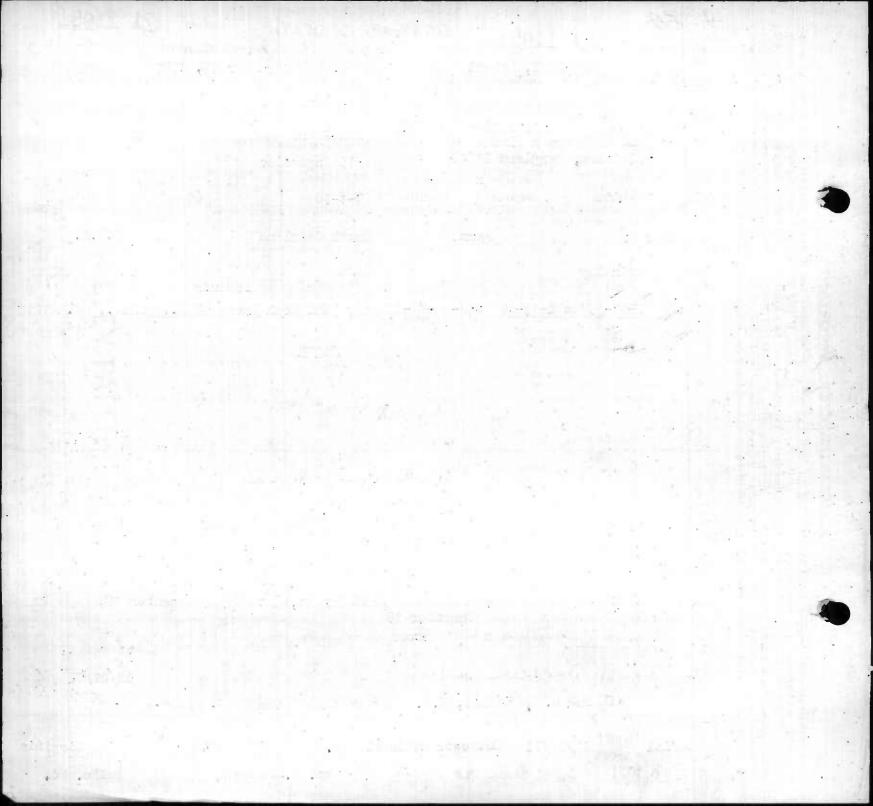
BALTIMORE CIT	TY HEALTH DEPARTMENT
BIRTH NO. "I III,	ATE OF DEATH X REG. NO. 71 11990
I.NAME OF DECEASED (Type or Print) Selina Hughes	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whore deceased lived, 11 institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Harford Gardens Convalescent Home	Baltimore YES V NO
90	E. STREET AND NUMBER 1700 Harford Road
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED 1 DIVORCED	Jan. 20, 1889 9. AGE (In years li Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if refined)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Homemaker	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Hamilton	Selina Carre
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [III yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 212-07-721/1D	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SCVI) BETWEEN ONSET AND DEATH Council to Rease
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which coused death.)	S A CONSEQUENCE OF:
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, If any, giving sise to the above cause (A) stating the UNDERLYING CONDITION last.	AS A CONSEQUENCE OF:
II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	rel-vasevlay. Thrombuis 2 months
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING TO 121B. PLACE OF INJURY lead.	20A. AUTOPSYS (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (nofity medical examined	office bldg. INJURY OCCURY (If In Boltmore City, give exect location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Not Will At Work	
22. I certify that (1) (this hospital) attended the deceased from	1969 19 10 Dec. 7/ 19
that (1) (we) last saw the deceased alive on Dec. 2	2 19 / and that In(my) (our)-opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not)	
23A. SIGNATURE TO SUMMERS AND A OFFICERED PL	ttending Med. Stoff 238, DATE SIGNED 12/2 2/7/7/
MANTE Typel Loy M. Zimmerman M.D.	3202 Harrand Rd Bad Timore, MA
24A. EURIAL CREMATION 24B. DATE 24C. NAME OF CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 12/27/71 Moreland Memori	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
VI 150-REV. 1/1/68	Lässahn Funeral Home 7401 Belair Rd. 21236

2/7/69 - Adm 1413 3rd Rd 21220

anlar

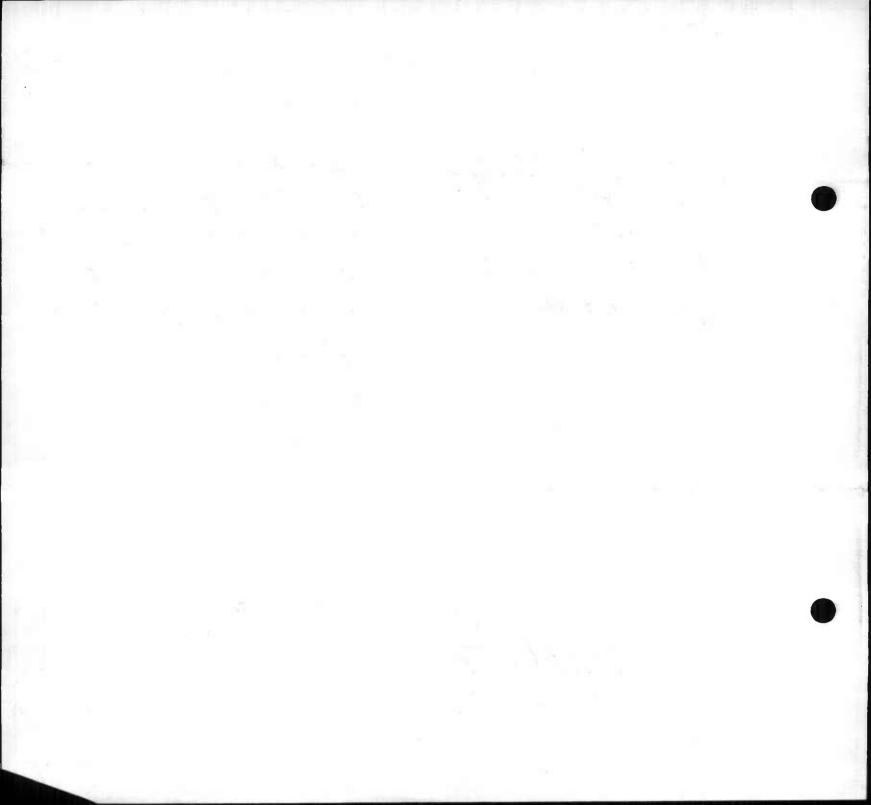
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

D BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 71 11991 CERTIFICA	TE OF DEATH REG. NO. 71 11991
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
BRINKIEY, Hobart	December 19, 1971 2:35 A M. [4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland
Veterans Administration Hospital	C. CITY OR TOWN D. INSIDE CITY LIMITS?
3900 Loch Raven Blvd	Baltimore YES X NO NO NO NO NO NO NO NO NO NO NO NO NO
Baltimore, Maryland 21218	315 Ingleside HVL
5. SEX 6. RACE 7. MARRIED 7. NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
Male White WIDOWED DIVORCED	7-1-10
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	North Carolina U.S.A.
l'armer Ferm	14. MOTHER'S MAIDEN NAME
Zachary Brinkley	Cora
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Records ADDRESS
Yes 9-27-45 to 8-15-49 243-24-22-45	VAH, 3900 Loch Raven Blvd., Balto., Md. 21218
IB. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CEDCIC
(A) IMMEDIATE CA	USE SEPSIS A CONSEQUENCE OF:
heart failure, asthenia, etc. 11 means the disease,	A CONSEQUENCE OF:
injury or camplication which caused death.)	
ANTECEDENT CAUSES	memora
DISEASES OR CONDITIONS, it any, giving DUE TO, OR A rise to the above cause (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	. + 0
TO THE DEATH BUT NOT RELATED TO THE TERMINAL Humber	for choses
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
L L L L L L L L L L L L L L L L L L L	NO
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or about 21C. WHERE DID (If In Baltimore City, give exact location) office bldg., NJURY OCCUR?
U	
OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX) While At Work Not Who	
22. I certify that (\$\foats(\text{this hospital}) attended the deceased from	December 11, 19 71 to December 18, 19 71 .
	19ond that In (ting) (our) opinion death accurred on the date
and hour and from the couses stated above. (N. (We) (did) (2000)	
23A. SIGNATURE	23B, DATE SIGNED
William of Doublette MI) DEGREE Ph	ys. Director Phys. 23
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
WILLIAM H. BOUCHELLE, M.D.	3900 Loch Raven Blvd. Balto., Md. 21218
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CI	(City, town, or county) (Stote)
Burial 12/27/71 Culpeper Natio	nel Va. Culpeper Virginia 25C. FUNERAL DIRECTOR ADDRESS
DFC 28 1971 Pales E. Jaben M.D.	Wm. E. Johnson Balto. Md.
The second secon	

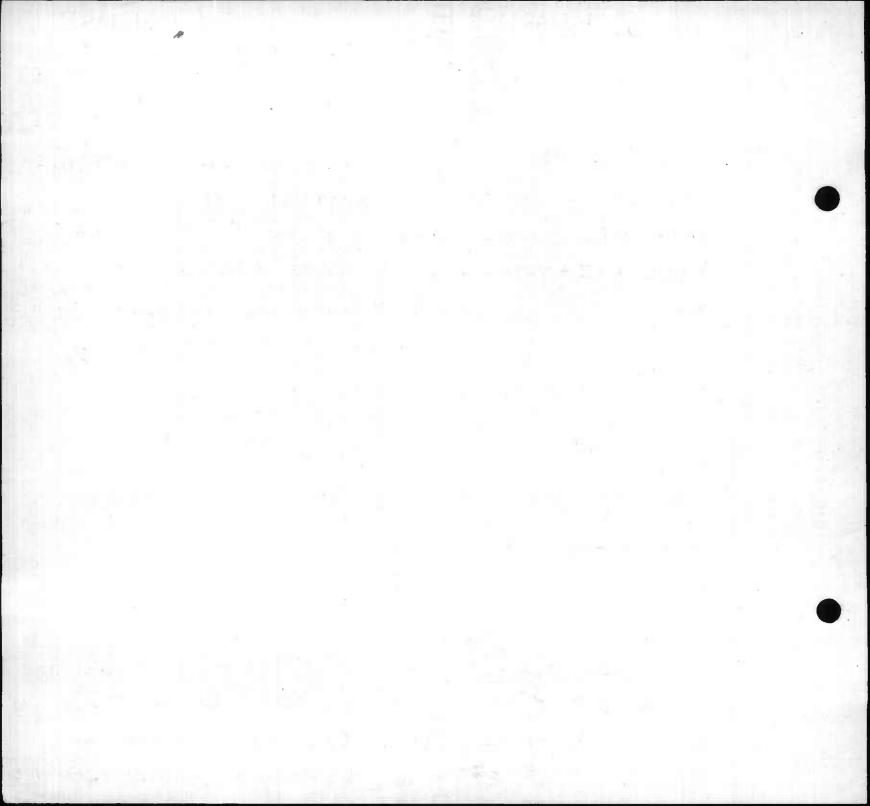


Inis certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in VS 150-REV. 1/1/68

D-215 71 11992 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 11992	
1. NAME OF DECEASED	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE COUNTY deceased, lived, Il institution: residence by	53 PM.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET A. STATE 8. COUNTY	elare admission)
C.CITY OR TOWN C.CITY OR TOWN D. INSIDE CITY LIMITS?	-
NICH ME MORIAL LOSDINA E. STREET AND NUMBER	X
S. SEX IA PACE IT	14-4 24-44
WIDOWED DIVORCED 9-10-24 lost birthdoy Months; Doys Ho	urs Min.
done during most of working life, even il relired)	IAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	3, A.
ANTONI DEBINSKI STEMO SZYMANSKI	
ADDRESS SECURITY NO.	
	ATE INTERVAL
LEADING TO DEATH	ISET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (8) CERE BRO VASCULOR HCC: DER	17
DISEASES OR CONDITIONS, if any, giving DUE TO, OR, AS A CONSEQUENCE OF:	************
UNDERLYING CONDITION lost. (c) 45 per 1 20 370 0.	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL V DISEASE OR CONDITION GIVEN IN PART 1 (A)	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDER	ED
U 21A. ACCIDENT WAS UNDERLYING 1218 PLACE OF INTHEVIOR 15 TO THE PLACE OF INTHEVIOR	
OR CONTRIBUTING CAUSE OF home, foctory, sheet, affice bldg. INJURY OCCUR?	on)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
Work At Work	
that (1) (we) last saw the deceased alive an 12-23 1971 and that in (my) (our) apinion death occurred	_19
and have and from the causes stated abave. (i) (We) (did) (did not) view the bady after death.	0.11.11.00.00
Attending Med. Staff \ 238, DATE SIGNED	- 1971
23C.PHYSICIAN'S NAME (Type) 23D. ADDRESS	. /
CCROS A, BATTI RAZ HD DEGREE UYION MEMORIAL HOSPI 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	13/ 10
DURIAL 12-27-7/ Holy Redormer Dalla Med	(Stote)
DEC 28 177 P. C. S. REGISTRAR 25C. FUNERAL DIRECTOR / DODRES	
MEG 20 19/1 Valent E. Vanberg K.D. Chas F. EVANS +) in 8802 HAR TOR	1



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3.	PLACE IN BALTI							RESIDENCE (Who	ere deceosed		stitution: res	sidence before	admission!
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S.	SEX	RACE	7.	· MARRIED	NEVE	R MARRIED	B. DATE OF		9. AGE (In	yeors	If Under	1 Yr If Unc	er 24 Hrs.
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			7 0 00:						ZAB	1011	ICHA		
	RUDOL!				1 6. SOCI	IAI	17. INFORM		LAD	2000			11-1
(Ye	s, no or unknown!	If yes, give v	wor or dotes	of service)	SECU	JRITY NO.							1206
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	1B.	3			CA	USE OF DEA	TH		4	11	_ BI	APPROXIMATE ETWEEN ONSET	
		OR COND		CTLY		AK	TERI	0 5((E R	7.c /	YEAR	5055	-	
					(4	IMMEDIATE CA	USE			P12	CHISO	S X	R)
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	heart failure, a	sthenia, etc. lication which NTECEDENT CONDITION	II means It ch caused d CAUSES ONS, if an	he disease leath.)	(E	OUE TO, OR AS							
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EDICAL CERTIFIC	DISEASES O rise la the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO TIPA. DATE OF 21 A. ACCIDEN OR CONTRIBU DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGN AJUI	Ishlenia, etc. licatian which Interest and the content of the cont	II means It ch caused d CAUSES ONS, if an inse (A) s N last. THONS CON' LATED TO THE VEN IN PART 198. COND' WAS PERFO ERLYING SE OF inerl sy) (Year) s haspital)	TRIBUTING E TERMINAL 1 (A). THOUR FOR WALL (Hour) attended alive an	WHICH O B. PLACE Come, form, c.,) E. INJURY //hile At the decece	DUE TO, OR A DUE TO, OR A DEPERATION DEPERATION DEPERATION OCCURRED Not Wh At Wor DEPERATION At Wor DEPERATION At Wor DEPERATION At Wor DEPERATION At Wor DEPERATION At Wor DEPERATION At Wor DEPERATION At Wor DEPERATION DEPER	20A. AL in or obout 2 office bldg., In view the bo	TOPSY? (Yes or NO) C. WHERE DID IJURY OCCUR? F. HOW DID IN dy after death Med. Director	JURY OCCI	YES, WERE IFYING CA f in Boltimo	FINDINGS AUSES OF D	exoct location	9_7/,
MEDICAL CERTIFIC	hearl failure, cinjury ar camp A DISEASES O rise to the UN DERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and 23A. SIGNATU	Ishenia, etc. licotian which NTECEDENT CONDITION CONDITI	II means If the caused derivative of the cause	TRIBUTING E TERMINAL 1 (A). THOUGH 21 Attended alive an ad abave.	WHICH O B. PLACE (mme, form, c.) E. INJURY //ork the decec	DUE TO, OR A DUE TO, OR A DEPERATION DEPERATION OF INJURY (e.g., foctory, street, work) OCCURRED Not What Word At Word At Word At Word DEEGREE AND AND AND AND AND AND AND AND AND AND	in or obout 2 2 file 2 2 9 19 view the bounding yes.	TOPSY? (Yes or N. O. C. WHERE DID IN DID IN and the dy after death Med. Director	JURY OCCI	YES, WERE IFYING CA	FINDINGS AUSES OF D	exoct locotion) h accurred a E SIGNED T/ZS/	9_7/,
MEDICAL CERTIFIC	hearl failure, of injury ar camp A DISEASES O rise Ia the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO. 19A. DATE OF OR CONTRIBU DEATH (notify) 21 A. ACCIDEN OR CONTRIBU DEATH (notify) 22. I certify that (I) (we) and haur and 23A. SIGN A) UI 23C. PHYSICIAL NAME (Ty MAME (Ty MAME)	Ishenia, etc. licatian which NTECEDENT CONDITION CONDITI	II means lich coused de CAUSES ONS, if an luse (A) s N last. IIONS CON' LATED TO THE LATED TO T	TRIBUTING E TERMINAL 1 (A). THOUGH 21 Attended alive an ad abave.	WHICH O B. PLACE (mme, form, c.) E. INJURY //ork the decec	DUE TO, OR A DU	20A. AL in or obout 2 office bldg., In view the bo	TOPSY? (Yes or N. O. C. WHERE DID IN DID IN and the dy after death Med. Director	JURY OCCI	YES, WERE IFYING CA	FINDINGS LUSES OF D THE City, give 23B. DATI	exoct locotion) h accurred a E SIGNED T/ZS/	9.7/, In the date (7/ E, Md
MEDICAL CERTIFIC	hearl failure, cinjury ar camp A DISEASES O rise to the UN DERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and 23A. SIGNATU	Ishenia, etc. licotian which NTECEDENT CONDITION CONDITI	II means If the caused derivative of the cause	TRIBUTING ETERMINAL 1 (A). THOUSE OF THE MENT OF THE M	WHICH O B. PLACE (mme, form, c.) E. INJURY //ork the decec	DUE TO, OR A DU	20A. AL in or obout 2 office bldg., IP view the bound in	TOPSY? (Yes or N. O. C. WHERE DID IN DID IN and the dy after death Med. Director	JURY OCCI	YES, WERE IFYING CA	FINDINGS LUSES OF D THE City, give 23B. DATI	exoct locotion) h accurred a E SIGNED T/ZS/	9.7/, In the date (7/ E, Md
MEDICAL CERTIFIC	hearl failure, cinjury ar camp A DISEASES O rise to the UN DERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and 23A. SIGNATU	Ishenia, etc. licatian which NTECEDENT CONDITION CONDITI	II means lich coused de CAUSES ONS, if an luse (A) s N last. IIONS CON' LATED TO THE LATED TO T	TRIBUTING ETERMINAL 1 (A). THOUSE OF THE MENT OF THE M	WHICH O B. PLACE Come, form, c.) E. INJURY //hile At the decect (1) (We) (4)	DUE TO, OR A DU	20A. AL in or obout 2 office bldg., In 2 S 19 view the boundary 2 S 2 S 2 S 2 S 2 S 2 S 2 S 2 S 2 S 2 S	TOPSY? (Yes or NO) C. WHERE DID IJURY OCCUR? F. HOW DID IN Med. Director SS BECO 24D. 24D.	JURY OCCI	YES, WERE IFYING CA	FINDINGS LUSES OF D THE City, give 238. DATI 238. DATI 238. DATI 239. DATI 239. DATI	exoct locotion) h accurred a E SIGNED TIMOR T COUNTY)	9.7/, n the date 7/ (State)





ASSOCIATE MEDICAL EXAMINER December 23, 1971 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) Baltimore, Md Cathedral Cemetery 25C. FUNERAL DIRECTOR **ADDRESS** WALTER DABROWSKI 1005 DUNDALK AVENUE

REMOVAL (Specify)

EXAMINER'S

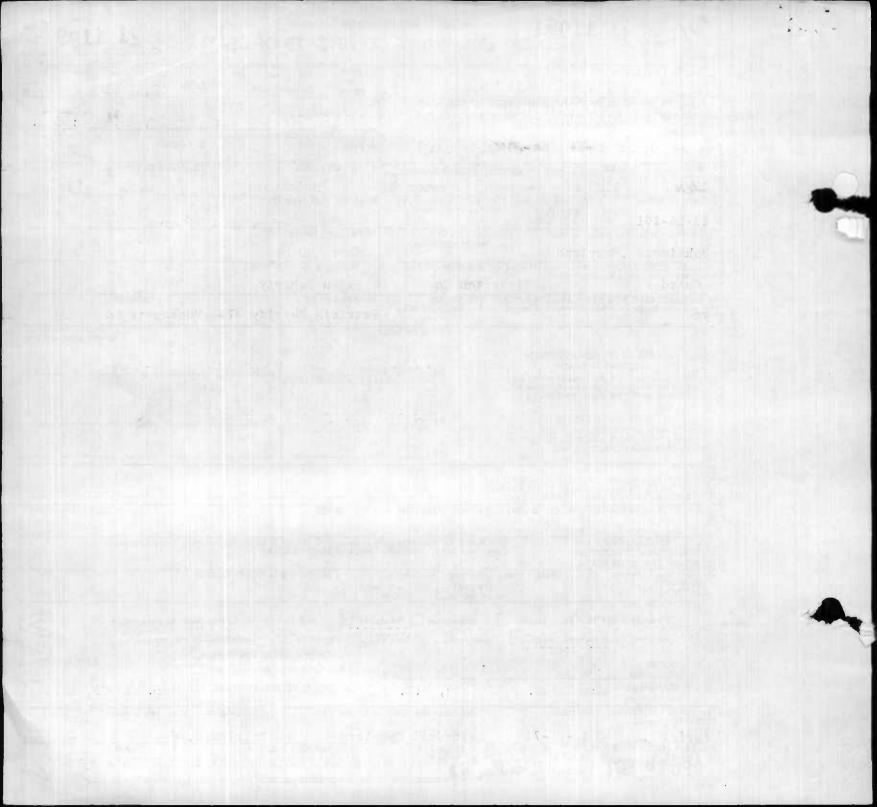
NAME (Type) 24A. BURIAL CREMATION,

25A. DAIS RES'D BYMEATH DEPT.

Charles S. Springate, M.D.

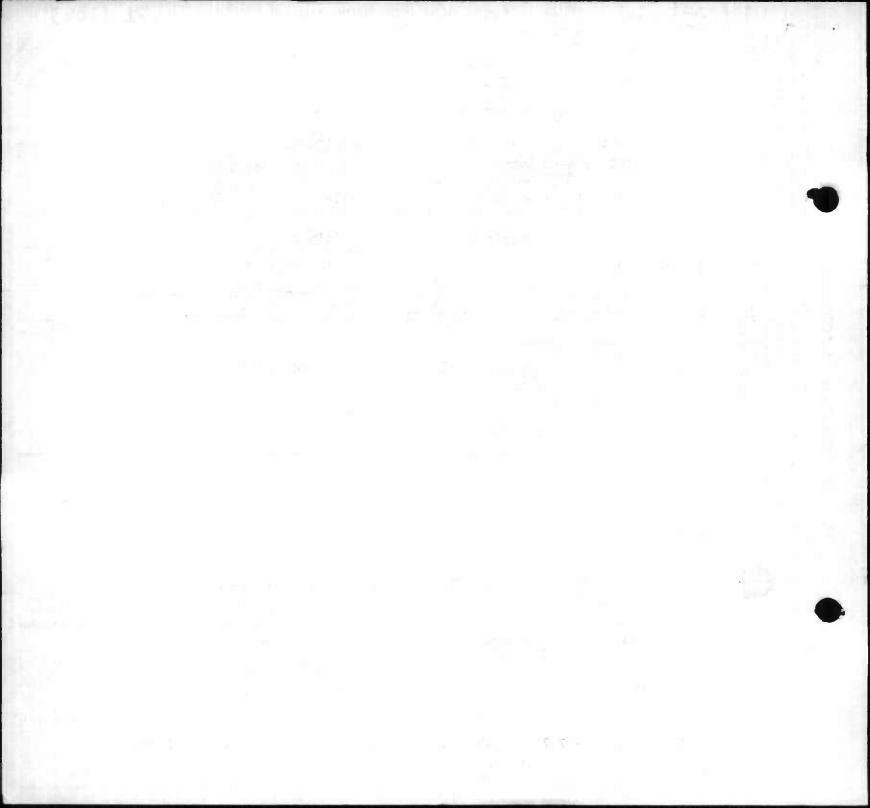
258 NAME OF RECISTRAR

24B. DATE



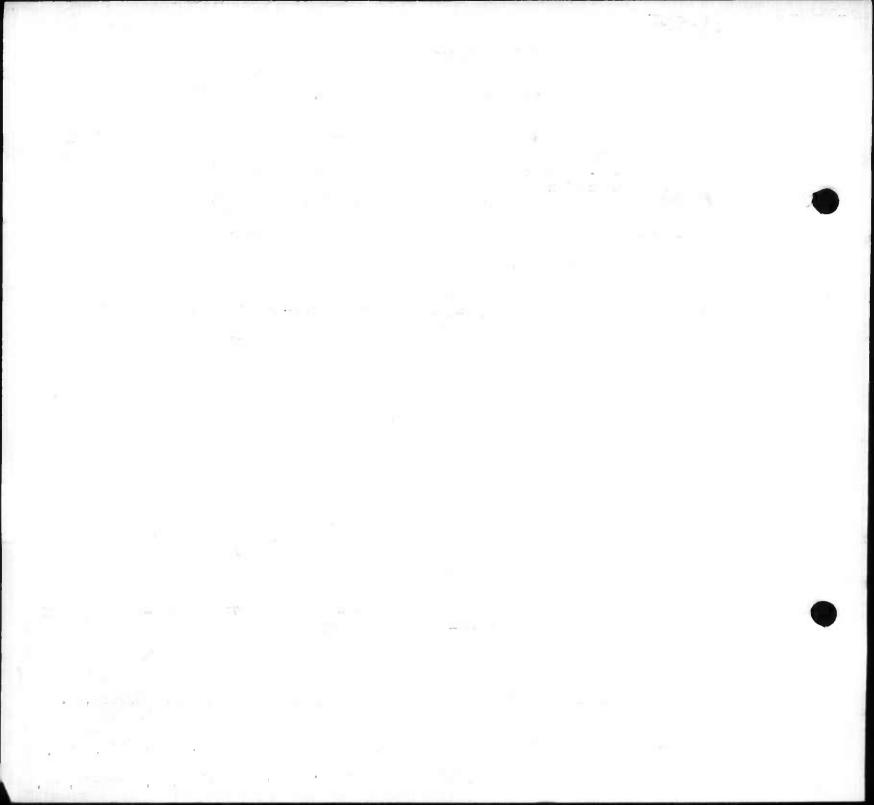
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Tand	BALTIMORE CITY	HEALTH DEPARTMENT		71 11995
BIRTH NO. 71 11995	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DECEASED -	. 4	2. DATE A	NO HOUR OF DEATH	
(Type or Print) JERRY TH	EIS	- 12	-24-197	1 11.52 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. Il in:	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUT ADDRESS OR LOCATION)	TON, GIVE STREET	Maryland c. CITY OR TOWN	D. INSI	DE CITY LIMITS?
PAITMAR CITY L	nincole !	Baltimore		YES NO
BALTIMORE CITY H	OSPITALS	E. STREET AND NUMBER		
4940 Eastern Avenue		8008 Gray H		
S. SEX Male Cancasian 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	4-11-33	9. AGE (In years lost birthdoy) 38	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stale at lan	eign country!	12. CITIZEN OF WHAT COUNTRY?
Laborer America	n Co	Baltimore		
13 FATHER'S NAME	11 00	14. MOTHER'S MAIDEN NA	ME	
Phillip Theis		Julia Varnis	ki	
	6. SOCIAL	17. INFORMANT	-	ADDRESS
	SECURITY NO.	BCH-Records	4940 Eastern	Avenue
yes Koren War	212 28 1195		Baltimore, Ma	aryland 21224
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	4	4-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH		- Carrenon	atorii	3 regults
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	***************************************	O Tetada
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	D	1	0 .	
ANTECEDENT CAUSES	Dron	choquic (alcenom	a Mouty
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(4)			
14	(c)		************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**********	*****		*****************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1794. DATE OF OPERATION 1978. CONDITION FOR WI- WAS PERFORMED 1218. PL	IICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE F	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF home, etc.)	ACE OF INJURY (e.g., in farm, factory, street, off	ice bldg. INJURY OCCUR?	(If In Baltimare	e City, give exoct location)
	NJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?	
(APPROXI While Wark	At While			
22. f certify that (§) (this hospital) attended the		0-1-	10 62 10 12	-24 10//
that (1) (we) last saw the deceased alive an	12-24	19 7 / and th	oat in (may) (aur) anin	ilan death accurred an the date
and have and from the causes stated abave. (1)	(Wa) (dtd) (db4)	/		and decomposited an ine date
23A. SIGNATURE	m (uro) (uro) (uro) (vr	lew the body diter death.		23B, DATE SIGNED
and fet les	- Allen	nding Med.	Staff D	12-24 71
23C. PHYSICIAN'S	DEGREE Phys.	3D. ADDRESS O DE	Phys. Let	Haddl
NAME (Type)		all Bakun	none lig	of tales
24A. BURIAL CREMATION, 24B. DATE 24C, NAN	DEGREE NE OF CRE	4740 Saslein	freunt 1	saly now Ma 2122
REMOVAL (Specify)		/		y, town, or county) (Stole)
	Lawn Cemete		ltimore, Mary	100000000000000000000000000000000000000
25A DE CES THATH OUT 25B. HAME OF	A. A.	WALTER DABRO		NDALK AVENUE
VS 150-REV. 1/1/68				



-	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

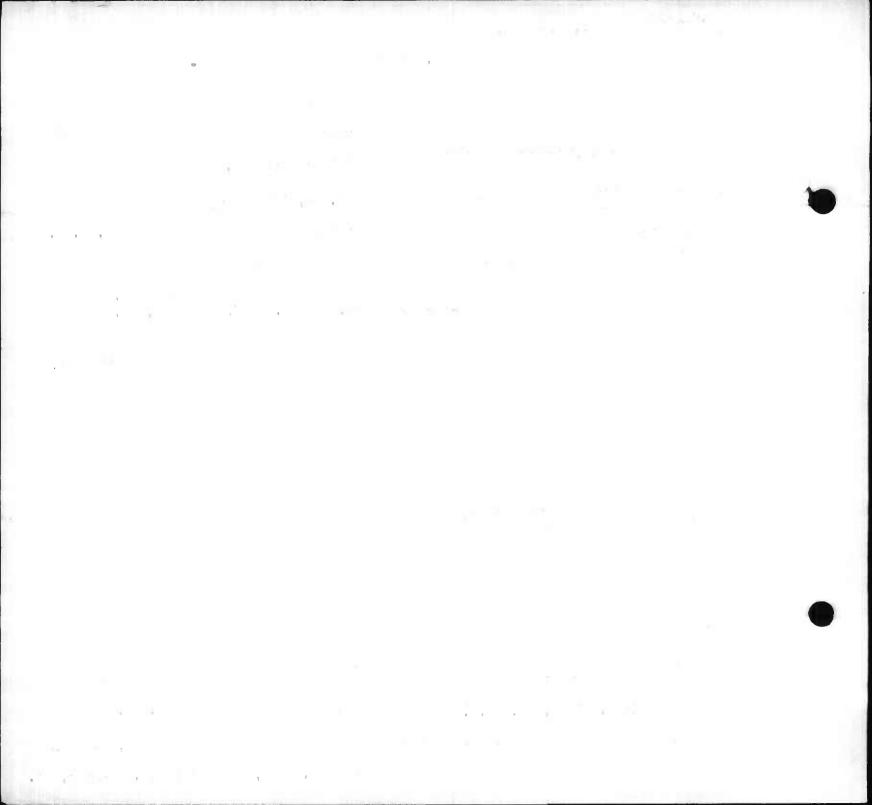
1	J-525 BIRTH NO. 71 11996		HEALTH DEPARTMENT REG. NO.	71 11996
	I. NAME OF DECEASED Ali	ce Johnson	2. DATE AND HOUR OF DEA	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PE Baltimore City Hosp	ONO HICED DEAD	4. USUAL RESIDENCE (Where descosed lived A. STATE MODEL & COUNTY DELICITIO	Linstitution: residence before admission
	FULL NAME OF (IF NOT IN HOSPITAL OR III HOSPITAL OR ADDRESS OR LOCATIONI	NSTITUTION, GIVE STREET	Ballimon, Man	and 1/22
	* BALTIMORE CITY	1.tosp.	Dundalk	VES NO X
-	4940 Eastern Avenue	· · · · · · · · · · · · · · · · · · ·	E. STREET AND NUMBER	/
de	Baltimore, Md. 21224		1757 Drexel Road	21222
E	Fimul White Wildo	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 87	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if petired) HOUSEWLIE	D OF BUSINESS OR INDUSTRY	No way	12. CITIZEN OF WHAT COUNTRY?
100	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Si	Andreas Ander	rsen	Karen Danielson	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	iee) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Tinai	No	212-22-9409-A	Records: BCH-4940 Eastern	Avenue 21224
5	18.4/2 -1	CAUSE OF DEATH		APPROXIMATE INTERVAL
- 11	DISEASE OR CONDITION DIRECTLY		CARDIO-PULMONARY	BETWEEN ONSET AND DEATH
balmed	(This does not mean the made of dving	(A) IMMEDIATE CAU	25	2 mo
מ	heart failure, asthenio, etc. It means the disc injury ar camplication which caused death.)	ease,	A CONSEQUENCE OF:	
E	ANTECEDENT CAUSES	ARTE	2105CLEROTICHEART	N/8 18 M2
0	DISEASES OR CONDITIONS, if any, of	vina DUE TO, OR AS	A CONSEQUENCE OF:	
	rise to the obove couse (A) stoling UNDERLYING CONDITION last.	the (c) <u>LOB</u>	R PNEWMONIA	2 mo
remains	O THE DEATH BUT NOT RELATED TO THE TERMIN	NG YAL		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C, WHERE DID (If In Bolsin ice bldg., INJURY OCCUR?	nore City, give exact facotion)
	21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
5	(APPROX.)	While At Not While At Work		
	22. I certify that (I) (this hospital) attended			2-23- 19 71
	that (1) (we) last saw the deceased alive	an_12_23_	19 71 and that in (my) (aur) a	pinian death accurred on the data
	and haur and fram the causes stated abay	e. (1) (We) (did) (did nat) vi	ew the bady after death.	and out of our tile dails
	23A. SIGNATURE			23 B. DATE SIGNED
5	23 C. PHYSICIAN'S Sinas	DEGREE Phys.	Director Phys.	12/23/71
pprov	SVAAT SINAS	A	BAL71990 Eastern Avenu	e, Baltimore, Md.
- 11	KEITTO THE TOPECHY!	C. NAME of CEMETERY OF CREA		City, town, or countyl (Stotel
	SA DALLAI	Hillside Cemeter	Hennepin Co.	Minnapolis, Minn.
3 1	DEC 28 1971 12 25 EN	4E OF REGISTRAR	John J. Duda, 7922 Wise	ADDRESS
II.	S 150-REV. 1/1/68		1722 Wise	Ave. Dundalk, Md.



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death

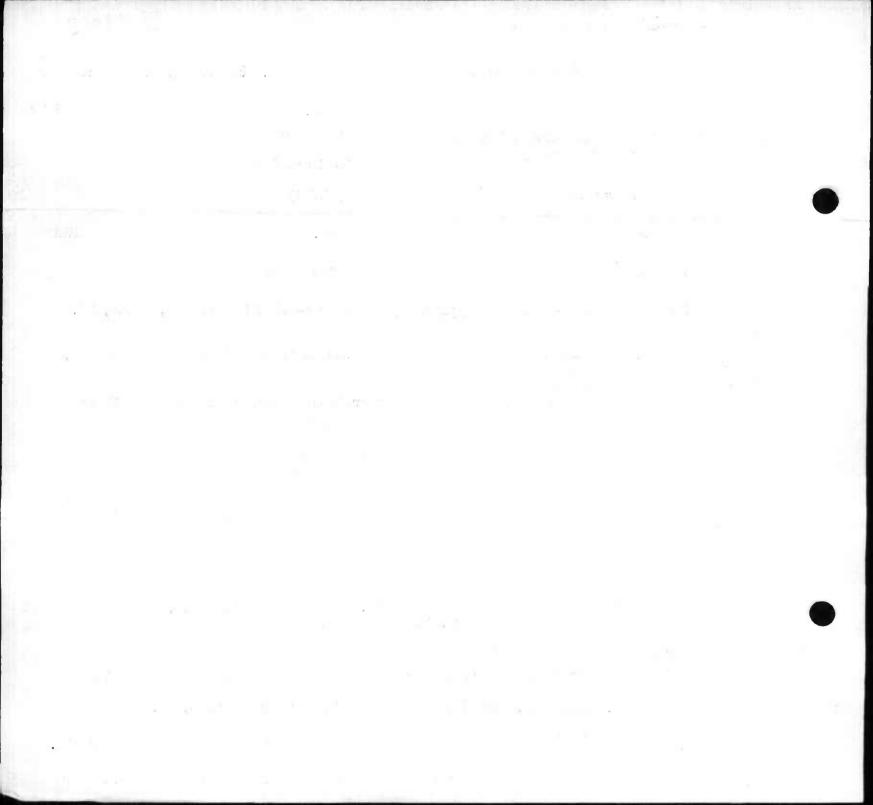
-	7-52	5			HEALTH DEPARTA	MENT	71	11997	Tee.
-	RTH NO.		1997	CERTIFICA	TE OF DEA	TH REG. I	NO. / 1	TTSA	
	NAME OF DEC		, 1	Anna K. Zinka	nd 2. I	DATE AND HOUR OF	DEATH		
	DI ACE IN BALL	ANNA ZI				12-24.71		1 730 A.	м
11.	LEWCE III BWC	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	Lus SIVIE	D. COUNTY		residence before odmiss	sion)
FLH	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland	Baltimore	D. INSIDE CITY	LIMITES	>
1	40				Dundalk		YES T	-34	
	1 0	Maryland Ger	neral H	ospital	E. STREET AND NU 1902 Aug	ust Ave.		<u> </u>	
	sex male	6. RACE White	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	ors If Uno	der 1 Yr., if Under 24	Hrs.
11			WIDOWED		Sept. 12,	1881 lost birthdoys	Month	s Doys Hours Mir	n.
do	A. USUAL OCCU no during most of v Housewif	rorking file, even if retirod)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (SIN) Maryland	e or foreign country!	12. Cf	TIZEN OF WHAT COUN	ITRY?
13.	FATHER'S NAM	A E	<u> </u>		14. MOTHER'S MAIL	DEN NAME			
			Sull:	ivan		Mary ?			
15. (Ye	Was Deceased s, no or unknown!	Ever in U. S. Armed Fore	ces? s of service)	SECURITY NO.	17. INFORMANT	1902 A	ugust Av	ADDRESS	
	No			217-16-3738D	Mrs. Mary	C. Wolf, Du			
	18.	1.O.		CAUSE OF DEATH			•	APPROXIMATE INTERV	AL
		OR CONDITION DIR	RECTLY		a	%		BETWEEN ONSET AND DE	HTAE
	1	LEADING TO DEATH	duina a a	(A) IMMEDIATE CAU	se Cara	noma oua	ly	Unknown	
	l heori lailure, a	sthenia, etc. II means plication which caused	the disease	DUE TO, OR AS A	CONSEQUENCE OF:	/	1		••
	A	NTECEDENT CAUSES		4.4					
	DISEASES OF	R CONDITIONS, II	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF	:		***************	
	rise to the UNDERLYING	obove cause (A) CONDITION last.	stoting the	(c)		************************	****		
z	071150 0101151	11							
ERTIFICATION	DISEASE OR CO	CANT CONDITIONS CON BUT NOT RELATED TO THE INDITION GIVEN IN PART	E TERMINAL	*************	**************	9984470 000 retudence a appecauspy	*************		_
IFIC	19A. DATE OF	OPERATION 198. CONE	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Ye	es or No. 208, IF YES,	WERE FINDING	S CONSIDERED	
ERT	11-22 -71		Du	agnosis	NO		IG CAUSES OF	DEATH?	
CAL C	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21 B. hom etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, offi	or obout 21C. WHERE INJURY OC	DID (If to 8	sollimore City, gi	ve exect location)	
EDI	21 D. TIME OF INJURY	(Month! (Doy! (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW D	DID INJURY OCCUR?			_
\$	(APPROX!		Whi Wor	le At Not While					
	22. I certify t	hat(1)(this haspital)	attended th	ne deceased from 11	.22	19_7(ta	12-	24 1971	
	fhat (1) (we) 1	ast saw the deceaso	d alive an	12-23	19 71	and that In (my) (au	r) apinian dea	th occurred an the d	
	and haur and	from the causes stafe	ed abave	(We) (did) (dld nat) vl	ew the bady after a	death			
	23A. SIGNATUR	Ē	. 0				238, DA	TE SIGNED	
	_ tra	nas a. Cla	rk &	M DEGREE Phys.	ding Med. Director	Stoff Phys.	12	1-24-71	
	23C. PHYSICIAN NAME (Typ	rs eel	0	DEGREE	D. ADDRESS			- + <i>II</i>	
	Franc	cis A. Clark,	Jr. M	.D. DEGREE	11 E. Ch	rase St.	Balto. Mo	d.	
24A	REMOVAL (Sp	ATION, 248. DATE		ME of CEMETERY OF CREA	MATORY	24D. LOCATION	(City, town,	or county! (Stote!	
	Burial	12/27/7	1 Oak	Lawn Cemetery	7			e, Maryland	
25A	DATE RECIPO	HEALTH DETY.	258 NAME O	F REGISTRAR	25C. FUNERAL DI			ADDRESS	

John J. Duda, 7922 Wise Ave. Dundalk, Md. DE C 22 VS 150-REV, 1/1/68



RGB

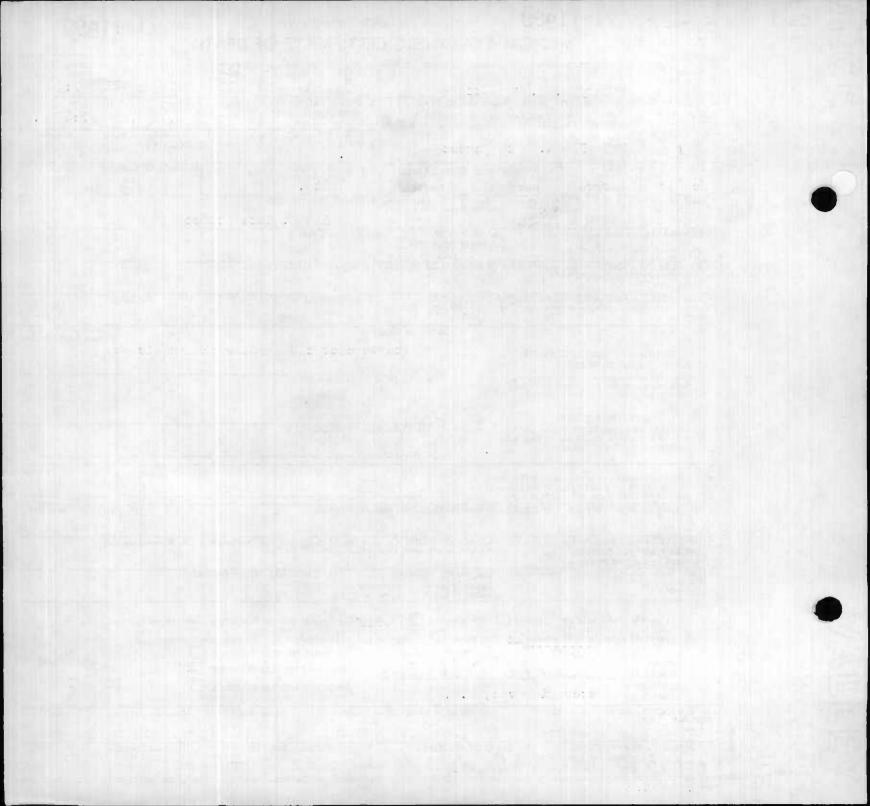
	4-350	ma aa	080		HEALTH DEPARTMENT	REG. NO.	71	11998
BI	RTH NO.	71 11	1950	CERTIFICA	TE OF DEATH	KEG. NO		7,00
	NAME OF DECEASE ype or Print)					ND HOUR OF DEATH		
			Amos Ha			Delember 21,	,1971	7:50 P M.
3.	PLACE IN BALTIMO	RE, MARYLAND,	WHERE FRONC	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. Il i	nstiluti an :	residence before admission)
II H	ULL NAME OF OSPITAL OR ISTITUTION	OF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	TUTION, GIVE STREET	Md.	A A	IDE CITY	LIMITS?
	US Public	Health Se	rvice Ho	spital	Baltimore		YES	-
	3100	Wyman Par	kway		E. STREET AND NUMBER 20 Coach Lai	ne		- Insul
5.	M Ca	ce ucasian	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 5/27/13	9. AGE (In years lost birthday) 58	II Und Manths	er 1 Yr. Il Under 24 Hrs. Doys Hours Min.
doi	A. USUAL OCCUPATION during most al working Retired	g life, even if retired)	rk 108, KIND O		11. BIRTHPLACE (Stote or fore		12. CI1	TIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		`		14. MOTHER'S MAIDEN NA	ME		
		1 Thompson			Hazel Hatt			
15. (Ye	Was Deceased Ever es, no or unknown) (If yes Yes U	in U. S. Armed For 25, give wor or dat SN 1930-		16. SOCIAL SECURITY NO. 213-34-9656	17. INFORMANT Records— US	PHS Hospital	Ba*	ADDRESS
-	18. ///	2//0-	-//-	CAUSE OF DEATH		TID HODDI OG	, Da.	
	DISEASE OF	CONDITION D		CAUSE OF DEATH	Recent myoca	ardial infar	oct	BETWEEN ONSET AND DEATH 2 WKS
	(This does not me heart failure, asthe	ean the made of	dvina. e.a.	(A) IMMEDIATE CAU				~ WAD.
	injuty or complical	ion which cause CEDENT CAUSE	d death.)		ene r alized arte	riosclerosis	3	Years
	DISEASES OR C rise to the ab UNDERLYING CO	ove couse (A)	any, giving staling the	(B) DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	**********	
TION	OTHER SIGNIFICANTO THE DEATH BUT	CONDITIONS CO	ONTRIBUTING	(~/*********************************				***************************************
CERTIFICATION	19A. DATE OF OPER	ATION 198 CON	RT 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS USES OF	CONSIDERED DEATH?
CAL	21 A. ACCIDENT WAR OR CONTRIBUTING DEATH Inchify medic	AS UNDERLYING CAUSE OF	218 ham etc.	PLACE OF INJURY (e.g., In ne, farm, factory, street, aff	or about 21 C. WHERE DID			ve exact lacation)
	21 D. TIME (Man OF INJURY (APPROX.)	th) (Doy) (Year)	1	INJURY OCCURRED ile At Not While rk At Work	21F. HOW DID INJ	URY OCCUR?		
	22. I certify that	(I) (this hospita			ec. 6	19 71 to Dec.	21	19 7I
	that (1) (we) last				777	7/		
	and hour and from				ew the body ofter death.	or infludy (ont) obt	mon ded	th occurred on the date
	23A. SIGNATURE	000	11	13 (6)	dt	e		TE SIGNED
	prier	- bel	livear,	MD (Jeng Phys.	☐ Director ☐	Shoff Phys.	12/2	22/71
	23C. PHYSICIAN'S NAME (Type) Robert	E. Belliv	reau, Su	rg (R)	US PHS Hospit	al, Balto, N	Md.	
244	REMOVAL (Specily	12/24/7	1 -	AME of CEMETERY of CREA		tchie Hyway	ly, lawn, o	
25A	A. DATE REC'D BY H		258 NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR			ADDRESS
			E. Fab		McCully Fund	eral Home 23	7 Pax	tapsco live 2122
4.9	150-RE TO 1/1/00							



6-653 71 11999 BALTIMORE CITY HEALTH DEPARTMENT

71 11999

Housewife 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, glive wor or dates of service) 17. SOCIAL SECURITY NO. 218—22—5423 Mrs. Rosetta Robinson 314 E. 28th St. 2121 19. CAUSE OF DEATH (This does not meon the mode of dying, e.g., heart loilure, osthenic, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASE OR CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 220A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 221. AUTOPSY? (Yes or No. yes) 10. AUTOPSY? (Yes or No. yes) 222A. EXTERNAL CAUSE WAS UNDERLYING OR ONTRIB. 10. ADDRESS Wrs. Rosetta Robinson 314 E. 28th St. 2121 Arteriosclerotic cardiovascular disease, Due to Cardiovascular disease (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (C) 222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 123. PLACE OF INJURY(e.g., in or about 22C, WHERE DID (II in Bolitimore City, give exact location) home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	ME OF DECEASED or Print) Mary M. L. Burnette	
Comparison Com	Mary M. L. Burnette	<u> </u>
A PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD HOSPITAL OR INSTITUTION 314 E. 28th Street 6. SEX 7. RACE 6. MARRIED NEVER MARRIED Negro WIDOWED DIVORCED 9. DATE Estimated 12 24 71 7:40 p. 3. DATE PRONOUNCED DEAD 12 24 71 7:40 p. 3. SUJUAL RESIDENCE (Where deceased lived. Il matibular residence before admission) 4. SIATE RESIDENCE (Where deceased lived. Il matibular residence before admission) 5. SEX 7. RACE 6. MARRIED NEVER MARRIED Negro WIDOWED DIVORCED 9. DATE OF BIRTH 8-15-25 WIDOWED DIVORCED 10. AS STATE 8-15-25 WHAT COUNTRY U.S. A. 11. BIRTHPLACE(State or foreign country) WHAT COUNTRY U.S. A. 13. FATHER'S NAME WHAT COUNTRY U.S. A. 14. AUSUAL OCCUPATION (Give kind of svortil) rids. KIND OF BUSINESS OR INDUSTRY 15. MOITHER'S MAIDEN NAME HOUSEWIT 6 10. WAS DECEASE DEVER IN U.S. ARMED FORCES? (Yes, noor unknown) (fit yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 218-22-5123 MTS. ROSELTA RODINSON 314 E. 28th St. 212 AFFECTIVE NO. 18. INFORMANT ADDRESS WINCE, 18. INFORMANT ADDRESS DISEASES OR CONDITION DIRECTIV LEADING TO DEATH (Itis does not mean five mode of diving, e.g., hard rolling open which counted death, light of the dispose, harm, lacknown with counted death, light or complication which counted death, light of the dispose, harm, lacknown of the dispose, harm, lacknown of the dispose, harm, lacknown of the dispose, harm, lacknown of the dispose, harm, lacknown of the fermanal bases or CONDITION LAST. (b) 10. DIE TO, OR AS A CONSEQUENCE OF: 11. AUTOPSY? (Yes or No. 222A. 224. EXTERNAL CAUSE WAS UNDERLYING OR ORNIB. 125. PRONOUNCED DEAD 126. SUSUAL RESIDENCE (Where deceased lived, ill minimizer residence before odmission) 13. DATE of WIDOWED 14. SIATION 15. SUMAL RESIDENCE (Where deceased lived, ill minimizer set deceased lived, ill minimizer set deceased lived, ill minimizer set deceased lived, ill minimizer set deceased lived, ill minimizer set deceased lived, ill minimizer set deceased lived, ill minimizer set deceased lived, ill minimizer set deceased lived	Mary M. L. Burnette	
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Samper S	male Negro WIDOWED DIVORCED	Balto. YES X NO
II. BIRTHPLACE (State or foreign country) Cambridge, Maryland II. CITIZEN OF WHAI COUNTRY? U.S.A. III. III. SALE UNIK. III. J. A. UNIT COUNTRY? U.S.A. MOTHER'S MAIDEN NAME unik. III. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dates of service) II. SOCIAL SECURITY NO. 218—22—5423 III. INFORMANT ADDRESS Vers, no or unknown)(If yes, give wor or dates of service) III. SOCIAL SECURITY NO. 218—22—5423 III. INFORMANT APPROXIMATE INTERVENT NO. 218—22—5423 III. SOCIAL NESS Rosetta Robinson 314 E. 28th St. 2121 CAUSE OF DEATH Arteriosclerotic cardiovascular divease III. APPROXIMATE INTERVENT NO. 218—22—5423 APPROXIMATE INTERVENT NO. 218—22—5423 III. INFORMANT APPROXIMATE INTERVENT NO. 218—22—5423 APPROXIMATE INTERVENT NO. 218—22—5423 III. INFORMANT APPROXIMATE INTERVENT NO. 218—22—5423 APPROXIMATE INTERVENT NO.	last highday) Months a Days a Hours a Min.	
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ADDRESS SECURITY NO. 18. INFORMANT ADDRESS 18. INFORMANT	WAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	
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SECURITY NO. 218-22-5423 Mrs. Rosetta Robinson 314 E. 28th St. 2121		
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22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 228. PLACE OF INJURY(e.g., in or about 22C, WHERE DID (il in 8oltimore City, give exact location) home, farm, factory, street, affice bldg., etc.) INJURY OCCUR?		
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 228. PLACE OF INJURY(e.g., in or about 22C, WHERE DID (il in 8oltimore City, give exact location) home, farm, factory, street, affice bldg., etc.) INJURY OCCUR?	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- 228. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (II in 8oltimore City, give exact location) home, farm, factory, street, affice bidg., etc.) INJURY OCCUR?	A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
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UNDERLYING OR CONTRIB. home, farm, factory, street, affice bldg., etc.) INJURY OCCUR?		in or about 22C. WHERE DID (II in Soltimore City, give exact location)
	TING CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?		
(APPROX)	EINITIDY	WHILE O
23.	FINJURY WHILE AT NOT	
I certify that I held on Inquiry Inspection Autops Autops and that on this basis, death in my opinion	FINJURY PPROX.) WHILE AT NOT WORK AT W	
resulted from: Natural couses of Accident Suicide Homicide Undetermined manner	FINJURY IPPROX.) MOT MOT MORK I certify that I held on Inquiry Inspection Au	
CHIEF MEDICAL EXAMINER L	FINJURY IPPROX.) MOT MOT MORK I certify that I held on Inquiry Inspection Au	le Homicide Undetermined manner
SIGNATURE ASSISTANT MEDICAL EXAMINER XX	I certify that I held on Inquiry Inspection Au resulted from: Natural courses Accident Suicide	Homicide Undetermined manner
EXAMINER'S PATENT TO PROVIDE M. D. ASSOCIATE MEDICAL EXAMINER 12/25/71	I certify that I held on Inquiry Inspection Au resulted from: Natural courses Accident Suicide	Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
24A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)	I certify that I held on Inquiry Inspection Augusted from: Natural couses Accident Suicides ACTUAL SIGNATURE EXAMINER'S Perfor Typicoxia M.D.	Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER XXX
REMOVAL (Specify)	I certify that I held on Inquiry Inspection Au resulted from: Natural couses of Accident Suicide ACTUAL SIGNATURE EXAMINER'S NAME (Type) Peter Lipkovic, M.D.	Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 12/25/71
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1735 Harfor Presence 21213	I certify that I held on Inquiry Inspection Au resulted from: Natural couses Accident Suicide ACTUAL SIGNATURE EXAMINER'S NAME (Type) Peter Lipkovic, M.D. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY DVAL (Specify)	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER TOTAL CONTROL OF COUNTY ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Narshall W. Jones, Jr.	I certify that I held on Inquiry Inspection Au resulted from: Natural couses of Accident Suicide ACTUAL SIGNATURE EXAMINER'S NAME (Type) Peter Lipkovic, M.D. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY DVAL (Specify) 12-29-71 Mt. Auburn County 12-29-71 Mt	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (City, town, or county) Cemetery Baltimore, Maryland



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and lassed non-med by D. Louisate FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/68

	AL NAIS	74 40	200	BALTIMORE CITY	HEALTH DEPART	MENT				
В	RTH NO.	71 120	MIO	CERTIFICA	TE OF DEA	ATH.	REG. NO	71 1	2000	
1.	NAME OF DECI	ASED					OUR OF DEATH		-UIIU	
		NEAL, Er	nest			12/23	71	1	4:15 a	- M
3	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDEN	L COUNTY	ceosed lived. If i	nstitution: resid	ence before odmis	ssion)
F	ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Marylan	ıd		,	806	
l ii	NOTTUTION	ADDRESS OR LOCA	A IION)		C. CITY OR TOWN		D. INS	IDE CITY LIMIT	\$?	
	50				Baltimo			YES X	ио 🗌	
L		Johns Hopk	ins Ho	spital	1722 N.		Street			
5.		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		GE (In yeors birthdoy)	If Under 1	Yr. If Under 24	Hrs.
	Male	Negro	WIDOWED	DIVORCED _	6/1/20			Months	As Lioniz Wi	In.
do	ue during most of M	PATION (Give kind of work orking life, even if retired)	Tomke	F BUSINESS OR INDUSTRY Aluminum Div.	11. BIRTHPLACE (Sto	te or foreign co	ountry)	12. CITIZEN	OF WHAT COU	NTRY?
الـــٰ	acrost 61.		United	I & Metal Co.	Baltimore	e, Maryl	and	U.S.A.		
13	FATHER'S NAM	E		Inc.	14. MOTHER'S MAI	DEN NAME				
2.5		rence Neal			Amy Jo	nes				
(4,	was Deceased	Ever in U. S. Armed For (If yes, give war or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			AD	DRESS	
L	no			218-07-4323	Mrs. Glady	ys Neal	1722 N.	Bond St	2, 21213	
	18.	7/ I		CAUSE OF DEATI	1			Al	PPROXIMATE INTERV	
	DISEASE	OR CONDITION DI	ECTLY		Range	101-	o CADO			
	(This does no	I mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE DYCONCI	106EN	IC CARCI	MUNA	21 MOS.	-
	injury ar comp	sihenia, elc. il means licalian which caused	the disease, death.)	5 5 2 1 0 1 0 1 7 3 7	CONSEQUENCE OF:					
	A	NTECEDENT CAUSES		deal.						
	DISEASES OF	CONDITIONS, if	iny, giving	DUE TO, OR AS	A CONSEQUENCE O	F:			***************	
	UNDERLYING	abave couse (A) CONDITION last.	sloling lhe	(c)						
_		- 11					***************************************		***************************************	
ATION	I I O I HE DEATH	ANT CONDITIONS CON	E TEDLINIAL					ļ		
U	IDISEASE OR CO	NDITION GIVEN IN PART	1 (A)	VUICU OPERATION	120 A	D II 225				
ERTIFI	APR. 1	970 WAS 55	ORMED FNOMA	PT. LUNG.	NO NO	es of No. 208	CERTIFYING CA	FINDINGS COLUMN	NSIDER E D TH?	
U	21A. ACCIDENT	WAS UNDERLYING	218,	PLACE OF INJURY (e.g., In	or obout 21 C. WHER	DID	(If In Boltimor	e City, give exc	oct location)	
CAL	DEATH (notify n	nedicol exomined	elc.)	e, torm, loctory, street, of	ice bldg. INJURY OC	CU R?	į	o only give one	er to contra	
MEDI	OF INJURY	Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW	DID INJURY C	CCUR			
2	[APPROX.]	. ,	While War	le At Not While At Work						
	22. I certify t	nat (1) (this hospital)	attended th		eln 1970	19	to t	Dec.	7 10 71	_
	that (1) (we) 1	st saw the decease	alive on_	Dec 20	1 -1				curred on the	date
	and hour and	from the causes state	ed abaves (I)	(Wa) (did nat) y	ew the bady after	death.	7			
	23A. SIGNATURI	1 1 1	0					23 B. DATE SIG	SNED	
	100	chard H.	toun	Le MD Atten	ding Med. Directo	r Staff Phys.	9	Dec	23 197	7/
	23C. PHYSICIAN NAME (Typ	s e)			3D. ADDRESS					
0.1				rie, M.D.	The Johns	Hopki	ns Hosp	oital		
24/	REMOVAL (Sp.	ATION, 248. DATE		ME of CEMETERY OF CREA	MATORY	24D. LOCATI	ON (Cit	y, town, or cou	inty) (Stote	ol le
R	urial	175-51-17	4.0	timore Cemete:			more, Mar			
25/	ED OR 1	PARALTH DEPT.	ER NAME OF	FREGISTRAR	25C. FUNERAL DI	RECTOR 17	35 Harfor		50 111 23	
	LL ZU E	A COOKING CON	water of the	T	Marshall	W. Jone	es, Jr.		_	

